General Information about CMS/MSIS2082, main data source of this report:
(Based on CMS description of MSIS data)

CMS/MSIS2082 data represent people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States submit individual eligibility and claims data tapes to CMS on a quarterly basis via MSIS (the Medicaid Statistical Information System).

Starting FFY1999, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

Caveats:

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans. MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year.

State-only SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program.

Refer to CMS document titled “MSIS State Anomalies/Issues: All States” (URL: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/anomalies.pdf) for details on state specific data anomalies and other data issues.

CONTACT INFORMATION

Contact Suk-fong Tang, Department of Practice, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2003 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at http://www.aap.org/research/medicaid.htm
# Medicaid State Report

## FY 2004* (October 1, 2003 - September 30, 2004)

### I. **MEDICAID** ENROLLEES AND EXPENDITURES

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Enhanced FY04</th>
<th>Enhanced FY07</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.9%</td>
<td>69.9%</td>
<td>56.7%, 69.8%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees**: 58,161,225
- **Expenditures**: $257,722M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- **Enrollees**: 26,070,743
- (% of Total Medicaid Enrollment, 06/30/2004) (60.0% of 43,471,844^^)

#### D. Percent of Births Paid for by Medicaid, 2002^^^

- **Percent**: 40.7%

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **Payment**: $17,172 M / $15,882 M

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>31,403,424</td>
<td>(36.6% of 85,883,449)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>29,369,345</td>
<td>(37.8% of 77,669,686)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>11,823,072</td>
<td>(49.3% of 23,999,881)</td>
</tr>
<tr>
<td>Infants</td>
<td>2,225,764</td>
<td>(54.3% of 4,098,849)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>9,597,308</td>
<td>(48.2% of 19,901,032)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>17,546,273</td>
<td>(32.7% of 53,669,805)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>12,671,064</td>
<td>(34.3% of 36,987,395)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>4,875,209</td>
<td>(29.2% of 16,682,410)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2,034,079</td>
<td>(24.8% of 8,213,763)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>54.0%</td>
<td>24.0%</td>
<td>$1,973</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>50.5%</td>
<td>22.1%</td>
<td>$1,942</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>20.3%</td>
<td>8.9%</td>
<td>$1,946</td>
</tr>
<tr>
<td>Infants</td>
<td>3.8%</td>
<td>2.4%</td>
<td>$2,836</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.5%</td>
<td>6.5%</td>
<td>$1,739</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>30.2%</td>
<td>13.2%</td>
<td>$1,940</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>21.8%</td>
<td>8.6%</td>
<td>$1,742</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.4%</td>
<td>4.6%</td>
<td>$2,456</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.5%</td>
<td>1.9%</td>
<td>$2,410</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>45.8%</td>
<td>71.4%</td>
<td>$6,906</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.3%</td>
<td>26.3%</td>
<td>$11,316</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>29,953,599</td>
<td>$1,540</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>28,087,147</td>
<td>$1,532</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 43.5M, was 74.7% of 58.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.1%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.2%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Total~</td>
<td>24.0%</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$339</td>
<td>36.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$303</td>
<td>20.7%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$555</td>
<td>17.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$192</td>
<td>8.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$423</td>
<td>22.9%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,291</td>
<td>5.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$89,139</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$63,998</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$20,431</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,764</td>
<td>9.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$3,108</td>
<td>1.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$109</td>
<td>21.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$443</td>
<td>41.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,063</td>
<td>57.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$40</td>
<td>19.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,035</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$880</td>
<td>18.2%</td>
</tr>
<tr>
<td>Total~</td>
<td>$2,143</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
Medicaid State Report  
FY 2004* (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### AK, CA, HI, OR & WA make up the Pacific Region

<table>
<thead>
<tr>
<th>Enrollment and Payment, by Age Group, FY 2004</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>48.2%</td>
<td>24.6%</td>
<td>$1,454</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>43.4%</td>
<td>22.4%</td>
<td>$1,471</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>16.5%</td>
<td>7.9%</td>
<td>$1,373</td>
</tr>
<tr>
<td>Infants</td>
<td>3.2%</td>
<td>1.4%</td>
<td>$1,276</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>13.3%</td>
<td>6.5%</td>
<td>$1,396</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>26.9%</td>
<td>14.5%</td>
<td>$1,530</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>18.4%</td>
<td>9.6%</td>
<td>$1,494</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.6%</td>
<td>4.8%</td>
<td>$1,609</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>4.8%</td>
<td>2.2%</td>
<td>$1,301</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>51.8%</td>
<td>71.7%</td>
<td>$3,940</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>8.4%</td>
<td>26.3%</td>
<td>$8,956</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Enrollment and Payment, by Age Group, FY 2004</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>5,973,667</td>
<td>$1,155</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>5,382,000</td>
<td>$1,180</td>
</tr>
</tbody>
</table>

### Notes:
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 8.3M, was 64.8% of 12.8M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ### Disproportionate Share Hospital Payments.
- ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.2%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)</td>
<td>0.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.2%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.2%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>10.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.6%</td>
<td>71.7%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$299</td>
<td>17.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$291</td>
<td>7.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$395</td>
<td>17.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$144</td>
<td>3.0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$336</td>
<td>10.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$9,361</td>
<td>2.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)</td>
<td>$62,743</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$38,703</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$3,538</td>
<td>5.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$14,045</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$83</td>
<td>11.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$368</td>
<td>19.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$914</td>
<td>69.8%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$31</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$205</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$388</td>
<td>27.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,659</td>
<td>87.6%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. *na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.0%</td>
<td>75.8%</td>
<td>63.7%, 75.1%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,394,436</td>
<td>$12,665M</td>
</tr>
</tbody>
</table>

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>1,895,388</th>
</tr>
</thead>
<tbody>
<tr>
<td>( % of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(79.9% of 2,373,661^^)</td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th>Births Paid</th>
<th>43.0%</th>
</tr>
</thead>
</table>

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>Payment</th>
<th>$476 M / $415 M</th>
</tr>
</thead>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees (as Proportion of Population)</th>
<th>1,961,734 (32.3% of 6,073,251)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,855,851 (33.8% of 5,492,091)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>820,798 (46.4% of 1,769,435)</td>
</tr>
<tr>
<td>Infants</td>
<td>160,593 (52.3% of 306,874)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>660,205 (45.1% of 1,462,561)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>1,035,053 (27.8% of 3,722,656)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>786,018 (30.1% of 2,554,570)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>267,035 (22.9% of 1,168,086)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>105,883 (18.2% of 581,160)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$2,159</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>57.8%</td>
<td>33.4%</td>
<td>$2,159</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>54.7%</td>
<td>30.8%</td>
<td>$2,105</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>24.2%</td>
<td>13.3%</td>
<td>$2,055</td>
</tr>
<tr>
<td>Infants</td>
<td>4.7%</td>
<td>3.8%</td>
<td>$2,966</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>19.4%</td>
<td>9.6%</td>
<td>$1,833</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>30.5%</td>
<td>17.5%</td>
<td>$2,144</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>22.6%</td>
<td>11.1%</td>
<td>$1,825</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.9%</td>
<td>6.5%</td>
<td>$3,064</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.1%</td>
<td>2.6%</td>
<td>$3,105</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>42.2%</td>
<td>61.1%</td>
<td>$5,402</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>7.0%</td>
<td>19.9%</td>
<td>$10,602</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>$1,673</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>$1,648</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 2.4M, was 69.9% of 3.4M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.1%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>17.9%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Total~</td>
<td>33.4%</td>
<td>61.1%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$355</td>
<td>$611</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$338</td>
<td>$361</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$607</td>
<td>$707</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$217</td>
<td>$175</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$744</td>
<td>$1,597</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,212</td>
<td>$5,088</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$72,591</td>
<td>$87,758</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$39,980</td>
<td>$27,019</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$21,752</td>
<td>$14,255</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,208</td>
<td>$4,071</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$5,865</td>
<td>$5,897</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$199</td>
<td>$297</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$383</td>
<td>$2,079</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,500</td>
<td>$3,955</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$20</td>
<td>$5,336</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$261</td>
<td>$1,967</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,657</td>
<td>$5,088</td>
</tr>
<tr>
<td>Total~</td>
<td>$2,321</td>
<td>$7,614</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

<table>
<thead>
<tr>
<th>I. MEDICAID* ENROLLEES AND EXPENDITURES</th>
<th>WEST NORTH CENTRAL REGION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA, KS, MN, MO, ND, NE &amp; SD make up the West North Central Region</td>
<td></td>
</tr>
</tbody>
</table>

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.4%</td>
<td>71.0%</td>
</tr>
<tr>
<td>57.8%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>$15,930M</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,145,836</td>
<td>$15,930M</td>
</tr>
</tbody>
</table>

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th># of Total Medicaid Enrollment, 06/30/2004</th>
<th>1,487,649</th>
</tr>
</thead>
<tbody>
<tr>
<td>(60.6% of 2,453,954^^)</td>
<td>1,487,649</td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

36.6%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>$824 M</th>
<th>$700 M</th>
</tr>
</thead>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,811,856</td>
<td>(31.3% of 5,783,583)</td>
</tr>
</tbody>
</table>

#### Through Age 20

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>679,919</td>
<td>125,916</td>
<td>554,003</td>
<td>1,022,568</td>
<td>742,667</td>
<td>279,919</td>
</tr>
</tbody>
</table>

#### Through Age 18

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>125,916</td>
<td>554,003</td>
<td>1,022,568</td>
<td>742,667</td>
<td>279,919</td>
<td>109,351</td>
</tr>
</tbody>
</table>

#### Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Total</td>
<td>% Total</td>
<td>$2,285</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,231</td>
</tr>
</tbody>
</table>

#### Through Age 20

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0%</td>
<td>17.6%</td>
<td>32.5%</td>
<td>23.6%</td>
<td>8.9%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

#### Through Age 18

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8%</td>
<td>6.2%</td>
<td>14.8%</td>
<td>9.2%</td>
<td>5.6%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

#### Age 21 or Older

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8%</td>
<td>6.2%</td>
<td>9.2%</td>
<td>5.6%</td>
<td>2.1%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

#### Age 65 or Older

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8%</td>
<td>6.2%</td>
<td>9.2%</td>
<td>5.6%</td>
<td>2.1%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>$1,825</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>$1,825</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 2.5M, was 78.0% of 3.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. | Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.9%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.3%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>8.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>26.0%</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$325</td>
<td>34.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$268</td>
<td>16.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$533</td>
<td>25.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$263</td>
<td>11.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$405</td>
<td>23.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,506</td>
<td>6.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$80,773</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$10,776</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$24,438</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$3,334</td>
<td>7.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,615</td>
<td>1.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>12.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$509</td>
<td>39.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,129</td>
<td>62.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$16</td>
<td>17.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$2,262</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,832</td>
<td>15.4%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>$2,452</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.  ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on I.I.A-B of this report.  ^ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses.  ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data.  + Sum of percents may exceed 100% since enrollees may use multiple services.  ^ for the mentally retarded.  'na' Data unavailable. 'NA' Not applicable.
### Medicaid State Report

#### FY 2004* (October 1, 2003 - September 30, 2004)

#### I. MEDICAID™ ENROLLEES AND EXPENDITURES

**EAST SOUTH CENTRAL REGION**

AL, KY, MS & TN make up the East South Central Region

| A. Federal Medical Assistance Percentage (FMAP)** | 69.2%, 81.2% | 68.2%, 80.3% |
| (FY04 FMAP, Enhanced) | (FY07 FMAP, Enhanced) |
|---|---|---|
| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 4,742,327 / $18,037M |
| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 2,484,215 |
| (% of Total Medicaid Enrollment, 06/30/2004) | (71.8% of 3,462,139^^) |
| D. Percent of Births Paid for by Medicaid, 2002^^^ | 46.7% |
| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $790 M / $747 M |

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>2,295,088</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>2,141,107</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>843,069</td>
</tr>
<tr>
<td>Infants</td>
<td>156,256</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>686,813</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>1,298,038</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>934,882</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>363,156</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>153,981</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees~</td>
<td>Expenditures~</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>48.4%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>45.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>17.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>14.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.7%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>51.6%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.9%</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrolllee: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>2,112,695</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,979,886</td>
</tr>
</tbody>
</table>

Notes:
* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
^ Includes Primary Care Case Management.
^^ Point-in-time enrollment on 06/30/04, at 3.5M, was 73.0% of 4.7M total annual enrollment state(s) reported to CMS for FY 2004.
^^^ Data for AL is from 2000 and not included in US or regional averages.
## Disproportionate Share Hospital Payments.
~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.9%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.7%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>3.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23.3%</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Per-user</th>
<th>%Use</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
<th>Per-user</th>
<th>%Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$446</td>
<td>63.8%</td>
<td>$618</td>
<td>62.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>$358</td>
<td>28.7%</td>
<td>$305</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$642</td>
<td>22.6%</td>
<td>$703</td>
<td>19.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$207</td>
<td>18.6%</td>
<td>$239</td>
<td>14.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$388</td>
<td>36.7%</td>
<td>$731</td>
<td>34.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,185</td>
<td>4.4%</td>
<td>$3,808</td>
<td>11.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$65,534</td>
<td>&lt;0.05%</td>
<td>$84,296</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$59,749</td>
<td>&lt;0.05%</td>
<td>$23,968</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$9,865</td>
<td>0.5%</td>
<td>$8,562</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$474</td>
<td>9.4%</td>
<td>$834</td>
<td>8.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,376</td>
<td>1.4%</td>
<td>$2,632</td>
<td>3.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$89</td>
<td>37.9%</td>
<td>$211</td>
<td>46.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$454</td>
<td>63.3%</td>
<td>$2,114</td>
<td>72.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$409</td>
<td>74.8%</td>
<td>$419</td>
<td>68.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$25</td>
<td>26.8%</td>
<td>$28</td>
<td>9.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,098</td>
<td>&lt;0.05%</td>
<td>$1,477</td>
<td>0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$760</td>
<td>16.3%</td>
<td>$1,481</td>
<td>26.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,942</td>
<td>94.4%</td>
<td>$5,583</td>
<td>90.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mental retardated. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

I. **MEDICAID* ENROLLEES AND EXPENDITURES**

   **EAST NORTH CENTRAL REGION**
   IL, IN, MI, OH & WI make up the East North Central Region

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>56.4%, 68.5%</th>
<th>56.6%, 68.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 7,984,231 / $38,524M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 2,805,008 (43.9% of 6,391,737^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^  | 37.7% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment  | $2,108 M / $1,790 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>4,507,597</td>
<td>(33.3% of 13,540,003)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>4,258,483</td>
<td>(34.7% of 12,270,109)</td>
<td></td>
</tr>
<tr>
<td>Through Age 5</td>
<td>1,659,998</td>
<td>(44.3% of 3,745,003)</td>
<td>$1,754</td>
</tr>
<tr>
<td>Infants</td>
<td>297,265</td>
<td>(48.0% of 619,550)</td>
<td>$1,917</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>1,362,733</td>
<td>(43.6% of 3,125,451)</td>
<td>$1,611</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>2,598,485</td>
<td>(30.5% of 8,525,108)</td>
<td>$1,377</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>1,920,267</td>
<td>(32.4% of 5,921,510)</td>
<td>$1,560</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>678,218</td>
<td>(26.0% of 2,603,598)</td>
<td>$2,079</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>249,114</td>
<td>(19.6% of 1,269,894)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>56.5%</td>
<td>20.5%</td>
<td>$1,754</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>53.3%</td>
<td>18.8%</td>
<td>$1,699</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>20.8%</td>
<td>8.3%</td>
<td>$1,917</td>
</tr>
<tr>
<td>Infants</td>
<td>3.7%</td>
<td>2.6%</td>
<td>$3,318</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.1%</td>
<td>5.7%</td>
<td>$1,611</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>32.5%</td>
<td>10.5%</td>
<td>$1,560</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>24.1%</td>
<td>6.9%</td>
<td>$1,377</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.5%</td>
<td>3.7%</td>
<td>$2,079</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.1%</td>
<td>1.7%</td>
<td>$2,703</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>43.5%</td>
<td>71.0%</td>
<td>$7,870</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.3%</td>
<td>24.9%</td>
<td>$10,663</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>4,334,353</td>
<td>$1,408</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>4,108,459</td>
<td>$1,382</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 6.4M, was 80.1% of 8.0M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.8%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.0%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>6.4%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.9%</td>
<td>7.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20.5%</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$269</td>
<td>38.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$226</td>
<td>24.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$551</td>
<td>14.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$215</td>
<td>7.8%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$311</td>
<td>25.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,820</td>
<td>5.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$69,375</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$30,843</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$12,919</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$907</td>
<td>22.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$4,579</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$99</td>
<td>23.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$451</td>
<td>38.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,068</td>
<td>51.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$25</td>
<td>5.8%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,026</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$746</td>
<td>10.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,928</td>
<td>91.0%</td>
</tr>
</tbody>
</table>

---

** Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** *(October 1, 2003 - September 30, 2004)*

## I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Description</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEST SOUTH CENTRAL REGION</strong></td>
<td>AR, LA, OK &amp; TX make up the West South Central Region</td>
</tr>
<tr>
<td><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></td>
<td>64.8%, 75.0%</td>
</tr>
<tr>
<td>FY 2004 FMAP, Enhanced</td>
<td>(FY04 FMAP, Enhanced)</td>
</tr>
<tr>
<td><strong>B. FY 2004 Total Medicaid Enrollment and Expenditures</strong>*</td>
<td>6,374,268</td>
</tr>
<tr>
<td><strong>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</strong></td>
<td>2,615,115</td>
</tr>
<tr>
<td>( % of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(55.4% of 4,724,281^^)</td>
</tr>
<tr>
<td><strong>D. Percent of Births Paid for by Medicaid, 2002^^^</strong></td>
<td>50.2%</td>
</tr>
<tr>
<td><strong>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></td>
<td>$2,521 M</td>
</tr>
<tr>
<td><strong>F. Enrollee through Age 20, FY 2004</strong></td>
<td><strong>Enrollees (as Proportion of Population)</strong></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>4,299,912</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>4,113,442</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>1,811,448</td>
</tr>
<tr>
<td>Infants</td>
<td>351,102</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>1,460,346</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>2,301,994</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>1,714,117</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>587,877</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>186,470</td>
</tr>
<tr>
<td><strong>G. Enrollment, Expenditures</strong>* and Per-enrollee Payment, by Age Group, FY 2004**</td>
<td>% Total</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>67.5%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>64.5%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>28.4%</td>
</tr>
<tr>
<td>Infants</td>
<td>5.5%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>22.9%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>36.1%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>26.9%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>9.2%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Age 21 or Older</strong></td>
<td>32.5%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.1%</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrolllee: Enrollment and Per-enrollee Payment</strong></td>
<td>Number of Enrollees</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>4,128,772</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>3,961,004</td>
</tr>
</tbody>
</table>

---

**Notes:**  
* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  
^ Includes Primary Care Case Management.  
^^ Point-in-time enrollment on 06/30/04, at 4.7M, was 74.1% of 6.4M total annual enrollment state(s) reported to CMS for FY 2004.  
^^^ Data for AL is from 2000 and not included in US or regional averages.  
## Disproportionate Share Hospital Payments.  
~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  
\* Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>8.0%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>1.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>5.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>5.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sterilization Services~</td>
<td>1.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Total~</td>
<td>35.7%</td>
<td>62.9%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per-user %Use+</td>
<td>Per-user %Use+</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$328 58.3%</td>
<td>$678 49.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$281 37.0%</td>
<td>$441 1.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$589 12.5%</td>
<td>$1,017 10.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$172 13.5%</td>
<td>$121 11.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$262 29.3%</td>
<td>$608 27.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,581 8.9%</td>
<td>$3,721 22.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$57,154 &lt;0.5%</td>
<td>$67,111 1.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$34,588 &lt;0.5%</td>
<td>$19,276 7.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$14,222 0.4%</td>
<td>$5,038 0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,114 8.7%</td>
<td>$1,921 8.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,632 2.3%</td>
<td>$1,173 5.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$160 43.7%</td>
<td>$414 39.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$402 67.8%</td>
<td>$1,997 65.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$731 36.3%</td>
<td>$1,550 16.9%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$76 34.4%</td>
<td>$23 14.3%</td>
</tr>
<tr>
<td>Sterilization Services~</td>
<td>$1,167 &lt;0.5%</td>
<td>$1,041 1.7%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$333 27.6%</td>
<td>$3,307 30.0%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,931 94.3%</td>
<td>$8,161 81.5%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
### Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

#### I. Medicaid* Enrollees and Expenditures

<table>
<thead>
<tr>
<th>DC, DE, FL, GA, MD, NC, SC, VA &amp; WV make up the South Atlantic Region</th>
</tr>
</thead>
</table>

| A. Federal Medical Assistance Percentage (FMAP)**           | 59.8%, 71.3% | 60.3%, 71.9% |
| (FY04 FMAP, Enhanced)                                      | (FY07 FMAP, Enhanced) |

| B. FY 2004 Total Medicaid Enrollment and Expenditures***   | 9,510,623 / $43,439M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004     | 4,795,371 (65.1% of 7,364,166^^) |
| ( % of Total Medicaid Enrollment, 06/30/2004)             | |

| D. Percent of Births Paid for by Medicaid, 2002^^^       | 42.7% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment      | $1,946 M / $1,961 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>% Total</th>
<th>Expenditures</th>
<th>% Total</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>5,519,952</td>
<td>58.0%</td>
<td>(35.7% of 15,455,549)</td>
<td>25.8%</td>
<td>$2,030</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>5,239,677</td>
<td>55.1%</td>
<td>(37.5% of 13,983,489)</td>
<td>23.9%</td>
<td>$1,985</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>2,198,292</td>
<td>23.1%</td>
<td>(50.5% of 4,349,995)</td>
<td>10.1%</td>
<td>$1,996</td>
</tr>
<tr>
<td>Infants</td>
<td>421,354</td>
<td>4.4%</td>
<td>(56.2% of 750,162)</td>
<td>3.0%</td>
<td>$3,108</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>1,776,938</td>
<td>18.7%</td>
<td>(49.4% of 3,599,833)</td>
<td>7.1%</td>
<td>$1,732</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>3,041,385</td>
<td>32.0%</td>
<td>(31.6% of 9,633,494)</td>
<td>13.8%</td>
<td>$1,977</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>2,231,011</td>
<td>23.5%</td>
<td>(33.8% of 6,605,169)</td>
<td>8.8%</td>
<td>$1,719</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>810,374</td>
<td>8.5%</td>
<td>(26.8% of 3,028,325)</td>
<td>5.0%</td>
<td>$2,686</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>280,275</td>
<td>2.9%</td>
<td>(19.0% of 1,472,060)</td>
<td>1.9%</td>
<td>$2,870</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>58.0%</td>
<td>42.0%</td>
<td>67.0%</td>
<td>$7,297</td>
<td></td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.6%</td>
<td>25.0%</td>
<td>20.0%</td>
<td>$9,805</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
</tr>
</thead>
</table>

| Through Age 20 | 5,214,981 | $1,550 |
| Through Age 18 | 4,965,837 | $1,522 |

**Notes:** * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 7.4M, was 77.4% of 9.5M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>4.6%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>4.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.9%</td>
<td>6.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25.8%</strong></td>
<td><strong>67.0%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21 Per-user</th>
<th>% Use±</th>
<th>ADULTS Per-user</th>
<th>% Use±</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$387</td>
<td>51.2%</td>
<td>$646</td>
<td>55.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$345</td>
<td>24.8%</td>
<td>$368</td>
<td>7.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$483</td>
<td>26.3%</td>
<td>$1,273</td>
<td>16.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$177</td>
<td>10.3%</td>
<td>$96</td>
<td>12.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$486</td>
<td>30.2%</td>
<td>$972</td>
<td>39.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,667</td>
<td>7.8%</td>
<td>$5,180</td>
<td>18.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$80,308</td>
<td>&lt;0.05%</td>
<td>$97,142</td>
<td>0.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$78,078</td>
<td>&lt;0.05%</td>
<td>$27,296</td>
<td>6.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$23,581</td>
<td>0.2%</td>
<td>$34,197</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,267</td>
<td>10.6%</td>
<td>$2,387</td>
<td>13.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,610</td>
<td>1.5%</td>
<td>$5,170</td>
<td>3.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$68</td>
<td>23.4%</td>
<td>$187</td>
<td>33.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$492</td>
<td>47.1%</td>
<td>$2,448</td>
<td>61.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$974</td>
<td>38.2%</td>
<td>$3,172</td>
<td>18.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$26</td>
<td>47.9%</td>
<td>$31</td>
<td>24.9%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,678</td>
<td>&lt;0.05%</td>
<td>$1,501</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,224</td>
<td>18.7%</td>
<td>$2,740</td>
<td>24.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,164</strong></td>
<td><strong>93.8%</strong></td>
<td><strong>$8,591</strong></td>
<td><strong>84.9%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ** Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report
**FY 2004* (October 1, 2003 - September 30, 2004)**

### I. MEDICAID* ENROLLEES AND EXPENDITURES

**MID ATLANTIC REGION**
NJ, NY & PA make up the Mid Atlantic Region

<table>
<thead>
<tr>
<th>Category</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>51.1%, 65.6%</td>
<td>51.0%, 65.6% (FY07 FMAP, Enhanced)</td>
</tr>
<tr>
<td><strong>B. FY 2004 Total Medicaid Enrollment and Expenditures</strong>*</td>
<td>7,767,604 / $53,952M</td>
<td></td>
</tr>
<tr>
<td>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</td>
<td>4,149,444</td>
<td></td>
</tr>
<tr>
<td>( % of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(64.6% of 6,420,246^^)</td>
<td></td>
</tr>
<tr>
<td><strong>D. Percent of Births Paid for by Medicaid, 2002^^^</strong></td>
<td>34.2%</td>
<td></td>
</tr>
<tr>
<td><strong>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></td>
<td>$4,893 M / $4,485 M</td>
<td></td>
</tr>
<tr>
<td><strong>F. Enrollee through Age 20, FY 2004</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>3,675,879</td>
<td>(32.8% of 11,215,387)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>3,413,912</td>
<td>(33.6% of 10,152,269)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>1,319,482</td>
<td>(43.3% of 3,044,055)</td>
</tr>
<tr>
<td>Infants</td>
<td>241,773</td>
<td>(47.2% of 511,845)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>1,077,709</td>
<td>(42.6% of 2,532,210)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>2,094,430</td>
<td>(29.5% of 7,108,214)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>1,504,621</td>
<td>(30.6% of 4,910,609)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>589,809</td>
<td>(26.8% of 2,197,605)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>261,967</td>
<td>(24.6% of 1,063,118)</td>
</tr>
<tr>
<td><strong>G. Enrollment, Expenditures</strong>* and Per-enrollee Payment, by Age Group, FY 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>47.3% 17.8%</td>
<td>$2,607</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>44.0% 16.2%</td>
<td>$2,567</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>17.0% 5.8%</td>
<td>$2,384</td>
</tr>
<tr>
<td>Infants</td>
<td>3.1% 1.5%</td>
<td>$3,288</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>13.9% 4.4%</td>
<td>$2,182</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27.0% 10.4%</td>
<td>$2,682</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.4% 7.0%</td>
<td>$2,496</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.6% 3.5%</td>
<td>$3,158</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.4% 1.5%</td>
<td>$3,123</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>51.4% 80.4%</td>
<td>$10,875</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.1% 31.5%</td>
<td>$19,652</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FY2004)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>3,415,751</td>
<td>$1,854</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>3,178,178</td>
<td>$1,841</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 6.4M, was 82.7% of 7.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Sh Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.2%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.9%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.3%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.5%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.0%</td>
<td>7.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17.8%</td>
<td>80.4%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Per-user</th>
<th>%Use+</th>
<th>Per-user</th>
<th>%Use+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$197</td>
<td>15.8%</td>
<td>$232</td>
<td>29.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$358</td>
<td>12.9%</td>
<td>$466</td>
<td>15.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$815</td>
<td>11.2%</td>
<td>$2,049</td>
<td>16.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$86</td>
<td>2.4%</td>
<td>$73</td>
<td>10.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$612</td>
<td>15.2%</td>
<td>$1,121</td>
<td>28.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,962</td>
<td>6.4%</td>
<td>$8,961</td>
<td>13.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$228,489</td>
<td>&lt;.05%</td>
<td>$196,889</td>
<td>0.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$82,398</td>
<td>&lt;.05%</td>
<td>$38,353</td>
<td>6.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$28,815</td>
<td>0.5%</td>
<td>$16,459</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$5,020</td>
<td>6.6%</td>
<td>$9,968</td>
<td>7.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,739</td>
<td>1.1%</td>
<td>$5,380</td>
<td>5.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$77</td>
<td>8.7%</td>
<td>$171</td>
<td>24.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$451</td>
<td>39.8%</td>
<td>$2,953</td>
<td>49.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,439</td>
<td>76.7%</td>
<td>$3,334</td>
<td>53.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$29</td>
<td>5.4%</td>
<td>$18</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$2,081</td>
<td>&lt;.05%</td>
<td>$1,562</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,780</td>
<td>8.2%</td>
<td>$5,049</td>
<td>21.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,808</td>
<td>92.8%</td>
<td>$12,113</td>
<td>89.8%</td>
</tr>
</tbody>
</table>

---

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# Medicaid State Report

## FY 2004* (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### NEW ENGLAND REGION

CT, MA, ME, NH, RI & VT make up the New England Region

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1,179,807 (30.0% of 3,931,921)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>388,871 (37.4% of 1,038,636)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>67,687 (39.7% of 170,453)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>321,184 (37.0% of 868,183)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>718,774 (28.5% of 2,521,360)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>511,854 (29.6% of 1,730,734)</td>
</tr>
</tbody>
</table>

#### Through Age 18

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(31.1% of 3,559,996)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1,107,645 (37.4% of 3,931,921)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>338,871 (37.0% of 904,636)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>67,687 (39.7% of 170,453)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>321,184 (37.0% of 868,183)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>718,774 (28.5% of 2,521,360)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>511,854 (29.6% of 1,730,734)</td>
</tr>
</tbody>
</table>

#### Through Age 20

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(30.0% of 3,931,921)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1,179,807 (30.0% of 3,931,921)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>388,871 (37.4% of 1,038,636)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
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<td>321,184 (37.0% of 868,183)</td>
</tr>
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</tr>
<tr>
<td>Ages 19 and 20</td>
<td>511,854 (29.6% of 1,730,734)</td>
</tr>
</tbody>
</table>

### A. Federal Medical Assistance Percentage (FMAP)**

52.8%, 66.9%  
52.1%, 66.3%

(FY04 FMAP, Enhanced)  
(FY07 FMAP, Enhanced)

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

2,485,337 / $16,936M

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

(62.1% of 2,015,767^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^:

30.1%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

$1,247 M / $1,151 M

### F. Enrollee through Age 20, FY 2004

#### Through Age 20

<table>
<thead>
<tr>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Expenditures</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>47.5%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>44.6%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>15.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Infants</td>
<td>2.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>12.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>28.9%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>20.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.3%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>52.5%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>12.1%</td>
<td>28.8%</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

#### Through Age 18

<table>
<thead>
<tr>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Expenditures</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>47.5%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>44.6%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>15.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Infants</td>
<td>2.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>12.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>28.9%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
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<td>9.0%</td>
</tr>
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<td>5.7%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>52.5%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>12.1%</td>
<td>28.8%</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

#### Through Age 20

<table>
<thead>
<tr>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>1,130,957</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,066,753</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 2.0M, was 81.1% of 2.5M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Sh Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  ' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.0%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.1%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>4.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>Total~~</strong></td>
<td><strong>23.0%</strong></td>
<td><strong>76.2%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$295</td>
<td>32.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$318</td>
<td>26.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$1,355</td>
<td>10.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$268</td>
<td>7.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$780</td>
<td>23.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$7,088</td>
<td>4.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$109,860</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$87,673</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$43,144</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,864</td>
<td>11.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$4,708</td>
<td>1.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$116</td>
<td>21.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$487</td>
<td>33.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$2,180</td>
<td>50.8%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$303</td>
<td>27.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$957</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$3,647</td>
<td>17.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,561</strong></td>
<td><strong>92.9%</strong></td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report.  ~ may include, but are not limited to, H and Community Waiver, prosthetic devices and eyeglasses.  ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data.  + Sum of percents may exceed 100% since enrollees may use multiple services.  ^ for the mentally retarded.  ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

**ALABAMA**

AL, KY, MS & TN make up the East South Central Region

### A. Federal Medical Assistance Percentage (FMAP)**

- FY2004 FMAP, Enhanced: 70.8%, 79.5%
- FY07 FMAP, Enhanced: 68.9%, 78.2%

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- Enrollees: 918,304
- Payments: $3,857M

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- 439,832 enrollees (54.9% of 800,569^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

- 45.0%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- 409 / $378 M

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees (as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>486,702 (37.4% of 1,300,873)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>188,090 (51.8% of 363,257)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>32,688 (54.5% of 61,974)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>155,402 (35.1% of 353,283)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>69,982 (27.7% of 252,509)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>31,287 (25.3% of 123,655)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees~</th>
<th>% Total Expenditures~</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>53.0%</td>
<td>23.7%</td>
<td>$1,880</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>49.6%</td>
<td>22.1%</td>
<td>$1,870</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>20.5%</td>
<td>8.0%</td>
<td>$1,645</td>
</tr>
<tr>
<td>Infants</td>
<td>3.6%</td>
<td>1.5%</td>
<td>$1,771</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.9%</td>
<td>6.5%</td>
<td>$1,619</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>29.1%</td>
<td>14.1%</td>
<td>$2,028</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>21.5%</td>
<td>9.3%</td>
<td>$1,822</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.6%</td>
<td>4.7%</td>
<td>$2,608</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.4%</td>
<td>1.6%</td>
<td>$2,032</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>47.0%</td>
<td>51.8%</td>
<td>$4,629</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>13.4%</td>
<td>25.2%</td>
<td>$7,932</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>448,051</td>
<td>$1,609</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>420,811</td>
<td>$1,610</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.8M, was 87.2% of 0.9M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. 

Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Children Under 21</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.7%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;0.05%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.2%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.4%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>4.0%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>6.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services</td>
<td>0.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23.7%</td>
<td>51.8%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Children Under 21</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$357</td>
<td>70.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$285</td>
<td>31.7%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$911</td>
<td>31.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$109</td>
<td>11.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$145</td>
<td>40.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,341</td>
<td>2.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$61,058</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$54,214</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,568</td>
<td>5.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$461</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$81</td>
<td>38.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$458</td>
<td>68.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$629</td>
<td>84.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$12</td>
<td>65.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$138</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services</td>
<td>$313</td>
<td>11.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,949</td>
<td>96.4%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Description</th>
<th>ALASKA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></td>
<td>58.4%, 70.9%</td>
</tr>
<tr>
<td><strong>B. FY 2004 Total Medicaid Enrollment and Expenditures</strong>*</td>
<td>127,779 / $905M</td>
</tr>
<tr>
<td><strong>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</strong></td>
<td>0</td>
</tr>
<tr>
<td>( % of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(0.0% of 96,630^^)</td>
</tr>
<tr>
<td><strong>D. Percent of Births Paid for by Medicaid, 2002^^^</strong></td>
<td>54.2%</td>
</tr>
<tr>
<td><strong>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></td>
<td>$18 M / $16 M</td>
</tr>
<tr>
<td><strong>F. Enrollee through Age 20, FY 2004</strong></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td></td>
</tr>
<tr>
<td>Enrollees</td>
<td>86,867</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>(39.5% of 219,653)</td>
</tr>
<tr>
<td>(42.2% of 196,335)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>82,757</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>30,719</td>
</tr>
<tr>
<td>(51.4% of 59,738)</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>5,322</td>
</tr>
<tr>
<td>(51.4% of 10,352)</td>
<td></td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>25,397</td>
</tr>
<tr>
<td>(51.4% of 49,386)</td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>52,038</td>
</tr>
<tr>
<td>(38.1% of 136,597)</td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>37,091</td>
</tr>
<tr>
<td>(40.5% of 91,569)</td>
<td></td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>14,947</td>
</tr>
<tr>
<td>(33.2% of 45,028)</td>
<td></td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>4,110</td>
</tr>
<tr>
<td>(17.6% of 23,318)</td>
<td></td>
</tr>
<tr>
<td><strong>G. Enrollment, Expenditures</strong>* and Per-enrollee Payment**, by Age Group, FY 2004</td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td></td>
</tr>
<tr>
<td>Enrollees~</td>
<td>68.0%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>43.2%</td>
</tr>
<tr>
<td>Payment</td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td></td>
</tr>
<tr>
<td>Through Age 5</td>
<td>64.8%</td>
</tr>
<tr>
<td>Enrollees</td>
<td>24.0%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>15.5%</td>
</tr>
<tr>
<td>Payment</td>
<td>$4,494</td>
</tr>
<tr>
<td>Infants</td>
<td>4.2%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>5.7%</td>
</tr>
<tr>
<td>Payment</td>
<td>$4,572</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>19.9%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>9.9%</td>
</tr>
<tr>
<td>Payment</td>
<td>$3,515</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>40.7%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>25.2%</td>
</tr>
<tr>
<td>Payment</td>
<td>$4,379</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>29.0%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>13.2%</td>
</tr>
<tr>
<td>Payment</td>
<td>$3,208</td>
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<tr>
<td>Ages 15 through 18</td>
<td>11.7%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>12.0%</td>
</tr>
<tr>
<td>Payment</td>
<td>$7,283</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.2%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>2.4%</td>
</tr>
<tr>
<td>Payment</td>
<td>$5,361</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>32.0%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>55.6%</td>
</tr>
<tr>
<td>Payment</td>
<td>$12,297</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>5.9%</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td>16.3%</td>
</tr>
<tr>
<td>Payment</td>
<td>$19,430</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment</strong></td>
<td></td>
</tr>
<tr>
<td>and Per-enrollee Payment** FY2004</td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>84,999</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td></td>
</tr>
<tr>
<td>Enrollees</td>
<td>$3,848</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td></td>
</tr>
<tr>
<td>Payment</td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>81,147</td>
</tr>
<tr>
<td>(as Proportion of Population)</td>
<td></td>
</tr>
<tr>
<td>Enrollees</td>
<td>$3,834</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 75.6% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. * Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>5.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>3.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>10.7%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>7.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.9%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>5.9%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>43.2%</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$577</td>
<td>63.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$538</td>
<td>38.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$2,376</td>
<td>23.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$158</td>
<td>11.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$926</td>
<td>40.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$12,520</td>
<td>8.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$27,076</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$45,125</td>
<td>1.6%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,381</td>
<td>14.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,453</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$130</td>
<td>28.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$541</td>
<td>50.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$2,430</td>
<td>25.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$5,204</td>
<td>86.3%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### Arizona

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>715,813</td>
<td>(41.0% of 1,747,947)</td>
<td>$2,280</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>668,267</td>
<td>(42.2% of 1,585,275)</td>
<td>$2,251</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>286,055</td>
<td>(54.9% of 521,244)</td>
<td>$2,383</td>
</tr>
<tr>
<td>Infants</td>
<td>56,530</td>
<td>(61.2% of 92,326)</td>
<td>$2,722</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>229,525</td>
<td>(53.5% of 428,918)</td>
<td>$2,956</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>382,212</td>
<td>(35.9% of 1,064,031)</td>
<td>$2,152</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>283,488</td>
<td>(38.6% of 733,511)</td>
<td>$2,956</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>98,724</td>
<td>(29.9% of 330,520)</td>
<td>$2,716</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>47,546</td>
<td>(29.2% of 162,672)</td>
<td>$2,687</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>48.7%</td>
<td>57.5%</td>
<td>$3,292</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>6.2%</td>
<td>18.0%</td>
<td>$8,093</td>
</tr>
</tbody>
</table>

#### Federal Medical Assistance Percentage (FMAP)**

- 67.3%, 77.1% (FY04 FMAP, Enhanced)
- 66.5%, 76.5% (FY07 FMAP, Enhanced)

#### Total Medicaid Enrollment and Expenditures***

- 1,394,378 / $3,888M

#### Total Medicaid Managed Care^ Enrollment, 06/30/2004

- 806,193
  - (89.1% of 904,658^^)

#### Percent of Births Paid for by Medicaid, 2002^^^

- 49.0%

#### FY 2004 and FY 2000-2004 Averaged DSH## Payment

- $158 / $129 M

#### Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

- % Total Enrollees~
- % Total Expenditures~
- Per Enrollee Payment

#### Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

- Number of Enrollees
- Per Enrollee Payment

---

**Notes:**

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
^ Includes Primary Care Case Management.
^^ Point-in-time enrollment on 06/30/04, at 0.9M, was 64.9% of 1.4M total annual enrollment state(s) reported to CMS for FY 2004.
^^^ Data for AL is from 2000 and not included in US or regional averages.
## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>3.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>36.8%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>42.0%</td>
<td>57.5%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$516</td>
<td>2.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$307</td>
<td>0.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$268</td>
<td>3.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$182</td>
<td>0.5%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$2,071</td>
<td>8.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,696</td>
<td>1.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$21,487</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$10,069</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$341</td>
<td>0.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$617</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$173</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$269</td>
<td>0.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$2,192</td>
<td>91.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$500</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,464</td>
<td>92.5%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ---- may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. --- Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
### Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

<table>
<thead>
<tr>
<th>I. MEDICAID* ENROLLEES AND EXPENDITURES</th>
<th>ARKANSAS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></td>
<td>74.7%, 82.3% 73.4%, 81.4% (FY04 FMAP, Enhanced) (FY07 FMAP, Enhanced)</td>
</tr>
<tr>
<td><strong>B. FY 2004 Total Medicaid Enrollment and Expenditures</strong>*</td>
<td>700,038 / $2,358M</td>
</tr>
<tr>
<td><strong>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</strong></td>
<td>386,395 (65.0% of 594,264^^)</td>
</tr>
<tr>
<td><strong>D. Percent of Births Paid for by Medicaid, 2002^^^</strong></td>
<td>53.0%</td>
</tr>
<tr>
<td><strong>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></td>
<td>$25 / $19 M</td>
</tr>
<tr>
<td><strong>F. Enrollee through Age 20, FY 2004</strong></td>
<td>420,164 (52.4% of 801,960)</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>393,028 (54.2% of 725,384)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>371,070 (65.0% of 594,264)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>339,516 (64.1% of 227,788)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>23,044 (59.8% of 38,516)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>23,044 (64.9% of 38,516)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>122,912 (64.9% of 189,272)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>247,072 (49.7% of 497,596)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>177,608 (51.6% of 344,308)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>69,464 (45.3% of 153,288)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>27,136 (35.4% of 76,576)</td>
</tr>
<tr>
<td><strong>G. Enrollment, Expenditures</strong>* and Per-enrollee Payment, by Age Group, FY 2004**</td>
<td>% Total Enrollees</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>60.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>56.1%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>20.8%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.3%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.6%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>35.3%</td>
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<tr>
<td>Ages 6 through 14</td>
<td>25.4%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>9.9%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.9%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>40.0%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrolllees: Enrollment and Per-enrollee Payment</strong> FY2004</td>
<td>Number of Enrollees</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>395,905</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>371,070</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.6M, was 84.9% of 0.7M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
**II. MEDICAID**

### Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Services</td>
<td>4.0%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.4%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>8.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>6.2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>4.9%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>5.6%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.4%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>38.0%</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

### Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$336</td>
<td>67.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$267</td>
<td>29.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$1,107</td>
<td>41.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$92</td>
<td>16.8%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$191</td>
<td>38.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,894</td>
<td>8.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$67,238</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$22,847</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$25,137</td>
<td>1.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,982</td>
<td>5.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$721</td>
<td>0.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$75</td>
<td>20.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$476</td>
<td>65.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$29</td>
<td>81.4%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$695</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$178</td>
<td>80.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,200</td>
<td>96.9%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP</th>
<th>Enhanced FY07 FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>50.0%</td>
<td>65.0%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th></th>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>10,619,428</td>
<td>$27,444M</td>
</tr>
</tbody>
</table>

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>3,258,787</th>
</tr>
</thead>
<tbody>
<tr>
<td>(50.4% of 6,471,239^^)</td>
<td></td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th></th>
<th>45.0%</th>
</tr>
</thead>
</table>

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th></th>
<th>$1,980 M</th>
<th>$1,921 M</th>
</tr>
</thead>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>通过年龄20</td>
<td>4,952,561</td>
<td>(45.0% of 11,007,402)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Through Age 18</th>
<th>Enrollees</th>
<th>(44.4% of 9,956,582)</th>
</tr>
</thead>
<tbody>
<tr>
<td>通过年龄18</td>
<td>4,421,873</td>
<td></td>
</tr>
</tbody>
</table>

#### Age 1 through 5

- Infants: 1,675,840 (54.6% of 3,071,531)
- Ages 1 through 5: 332,117 (61.4% of 540,715)

#### Ages 6 through 18

- Ages 6 through 14: 1,853,945 (39.0% of 4,758,286)
- Ages 15 through 18: 892,088 (41.9% of 2,126,765)

#### Ages 19 and 20

- 530,688 (50.5% of 1,050,820)

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>46.6%</td>
<td>24.4%</td>
<td>$1,352</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>8.5%</td>
<td>27.8%</td>
<td>$8,449</td>
</tr>
</tbody>
</table>

#### Age 6 to 18

- Ages 6 through 14: 17.5% (10.1% $1,494)
- Ages 15 through 18: 8.4% (4.7% $1,444)

#### Ages 19 and 20

- 5.0% (2.2% $1,159)

#### Age 21 or Older

- 53.4% (73.8% $3,573)

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>4,811,081</td>
<td>$1,063</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>4,298,330</td>
<td>$1,092</td>
</tr>
</tbody>
</table>

### Notes:

- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 6.5M, was 60.9% of 10.6M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ## Disproportionate Share Hospital Payments.
- ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- ' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.2%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.4%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.2%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>10.7%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.4%</td>
<td>73.8%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$291</td>
<td>15.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$242</td>
<td>1.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$339</td>
<td>19.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$104</td>
<td>2.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$267</td>
<td>10.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$9,694</td>
<td>1.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$62,390</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$134,562</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$19,843</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$3,606</td>
<td>5.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$13,778</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$83</td>
<td>12.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$357</td>
<td>18.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$866</td>
<td>68.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$73</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$322</td>
<td>31.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,561</td>
<td>86.6%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.  ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report.  ~ may include, but are not limited to, Habilitation and Community Waiver, prosthetic devices and eyeglasses.  ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data.  + Sum of percents may exceed 100% since enrollees may use multiple services.  ^ for the mentally retarded.  ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

FY 2004* (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

**COLORADO**

AZ, CO, ID, MT, NM, NV, UT & WY make up the Mountain Region

| A. Federal Medical Assistance Percentage (FMAP)** | 50.0%, 65.0% | 50.0%, 65.0% |
| **(FY04 FMAP, Enhanced)** | **(FY07 FMAP, Enhanced)** |
| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | $524,760 / $2,399M |
| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 369,270 |
| ( % of Total Medicaid Enrollment, 06/30/2004) | (97.6% of 378,416^^) |
| D. Percent of Births Paid for by Medicaid, 2002^^^ | 40.9% |
| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $182 M / $177 M |
| F. Enrollee through Age 20, FY 2004 | Enrollees | (as Proportion of Population) |
| Through Age 20 | 318,605 | (23.6% of 1,350,890) |
| Through Age 18 | 303,991 | (25.0% of 1,216,187) |
| Through Age 5 | 147,589 | (37.2% of 396,304) |
| Infants | 29,743 | (43.8% of 67,911) |
| Ages 1 through 5 | 117,846 | (35.9% of 328,393) |
| Ages 6 through 18 | 156,402 | (19.1% of 819,883) |
| Ages 6 through 14 | 116,582 | (20.9% of 557,806) |
| Ages 15 through 18 | 39,820 | (15.2% of 262,077) |
| Ages 19 and 20 | 14,614 | (10.8% of 134,703) |
| G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004 | % Total Enrollees~ | % Total Expenditures~ | Per Enrollee Payment |
| Through Age 20 | 60.7% | 25.9% | $1,953 |
| Through Age 18 | 57.9% | 23.6% | $1,861 |
| Through Age 5 | 28.1% | 9.8% | $1,589 |
| Infants | 5.7% | 2.6% | $2,133 |
| Ages 1 through 5 | 22.5% | 7.1% | $1,451 |
| Ages 6 through 18 | 29.8% | 13.8% | $2,118 |
| Ages 6 through 14 | 22.2% | 8.0% | $1,639 |
| Ages 15 through 18 | 7.6% | 5.8% | $3,520 |
| Ages 19 and 20 | 2.8% | 2.4% | $3,879 |
| Age 21 or Older | 39.2% | 69.5% | $8,114 |
| Age 65 or Older | 9.8% | 26.6% | $12,467 |
| H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004 | Number of Enrollees | Per Enrollee Payment |
| Through Age 20 | 304,838 | $1,565 |
| Through Age 18 | 291,969 | $1,511 |

Notes:  * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.4M, was 72.1% of 0.5M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>4.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>4.5%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.2%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>5.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td></td>
<td>16.6%</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Total~</td>
<td>25.9%</td>
<td>69.5%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
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<td>9.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$357</td>
<td>28.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$516</td>
<td>61.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$103</td>
<td>2.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$467</td>
<td>31.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$6,877</td>
<td>5.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$103,426</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$12,157</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$23,484</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$7,954</td>
<td>0.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$7,616</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$109</td>
<td>10.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$418</td>
<td>40.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$440</td>
<td>92.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$20</td>
<td>12.9%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$3,826</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$4,479</td>
<td>7.1%</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Total~</td>
<td>$2,085</td>
<td>93.7%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

**CONNECTICUT**
CT, MA, ME, NH, RI & VT make up the New England Region

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>50.0%, 65.0%</th>
<th>50.0%, 65.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 508,387 | $3,696M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 303,404 | (75.4% of 402,286^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 29.0% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $265 M | $273 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>270,566</td>
<td>(27.9% of 971,371)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>255,029</td>
<td>(28.8% of 884,782)</td>
</tr>
<tr>
<td>Through Age 15</td>
<td>15,537</td>
<td>(17.9% of 86,589)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total Enrollees~</th>
<th>% Total Expenditures~</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>53.2%</td>
<td>15.6%</td>
<td>$2,135</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>50.2%</td>
<td>14.5%</td>
<td>$2,103</td>
</tr>
<tr>
<td>Through Age 15</td>
<td>46.8%</td>
<td>83.9%</td>
<td>$13,034</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.4M, was 79.1% of 0.5M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>&lt;.05%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>0.7%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.1%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.2%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>11.2%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.1%</td>
<td>13.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15.6%</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$276</td>
<td>5.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$132</td>
<td>0.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$246</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$1,921</td>
<td>1.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$329</td>
<td>4.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,323</td>
<td>1.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$225,204</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$196,186</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$50,396</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,588</td>
<td>0.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$11,453</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$65</td>
<td>2.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$582</td>
<td>4.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,614</td>
<td>95.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$2,173</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$3,959</td>
<td>7.4%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,203</td>
<td>96.9%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'NA' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004**  (October 1, 2003 - September 30, 2004)

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>50.0%, 65.0% (FY04 FMAP, Enhanced)</th>
<th>50.0%, 65.0% (FY07 FMAP, Enhanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. FY 2004 Total Medicaid Enrollment and Expenditures***</td>
<td>166,604 / $800M</td>
<td></td>
</tr>
<tr>
<td>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</td>
<td>99,598</td>
<td>(73.7% of 135,224^^)</td>
</tr>
<tr>
<td>D. Percent of Births Paid for by Medicaid, 2002^^^</td>
<td>46.0%</td>
<td></td>
</tr>
<tr>
<td>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</td>
<td>$3 M / $4 M</td>
<td></td>
</tr>
<tr>
<td>F. Enrollee through Age 20, FY 2004</td>
<td>Enrollees</td>
<td>(as Proportion of Population)</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>82,813</td>
<td>(35.7% of 231,993)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>77,064</td>
<td>(36.7% of 209,835)</td>
</tr>
<tr>
<td>Through Age 15</td>
<td>71,064</td>
<td>(36.7% of 191,200)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>31,227</td>
<td>(46.7% of 65,566)</td>
</tr>
<tr>
<td>Infants</td>
<td>5,857</td>
<td>(53.3% of 10,992)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>25,370</td>
<td>(46.5% of 54,574)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>45,837</td>
<td>(31.8% of 144,269)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>33,415</td>
<td>(33.6% of 99,345)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>12,422</td>
<td>(27.7% of 44,924)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>5,749</td>
<td>(25.9% of 22,158)</td>
</tr>
<tr>
<td>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</td>
<td>% Total Enrollees~</td>
<td>% Total Expenditures~</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>49.7%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>46.3%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Through Age 15</td>
<td>55.3%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>18.7%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>15.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>20.1%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>50.3%</td>
<td>71.5%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>7.4%</td>
<td>23.2%</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment</strong> FY2004</td>
<td>Number of Enrollees</td>
<td>Per Enrollee Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>77,407</td>
<td>$1,915</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>72,120</td>
<td>$1,854</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 81.2% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;0.05%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>12.3%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>6.1%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28.0%</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$545</td>
<td>15.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$466</td>
<td>26.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$475</td>
<td>5.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$148</td>
<td>4.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$449</td>
<td>6.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$6,776</td>
<td>3.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$14,070</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$300,739</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$80,678</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$11,264</td>
<td>0.8%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,631</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>6.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$466</td>
<td>61.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,248</td>
<td>95.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$762</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,744</td>
<td>33.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,824</td>
<td>95.8%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ’na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Dist of Columbia</th>
<th>DC, DE, FL, GA, MD, NC, SC, VA &amp; WV make up the South Atlantic Region</th>
</tr>
</thead>
</table>

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FY04 FMAP</th>
<th>FY07 FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.0%</td>
<td>70.0%</td>
</tr>
<tr>
<td>79.0%</td>
<td>79.0%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>160,304</td>
<td>$1,269M</td>
</tr>
</tbody>
</table>

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th>Births Paid</th>
<th>64.0%</th>
</tr>
</thead>
</table>

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>Payment</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 M</td>
<td>$46 M</td>
</tr>
</tbody>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>86,818</td>
<td>(62.7% of 138,533)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20 54.2%</td>
<td>23.9%</td>
<td>$3,494</td>
</tr>
<tr>
<td>Through Age 18 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Through Age 18 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Through Age 5 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Infants 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 1 through 5 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 6 through 18 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 6 through 14 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 15 through 18 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 19 and 20 50.8%</td>
<td>22.0%</td>
<td>$3,425</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20 81,024</td>
<td>$2,709</td>
</tr>
<tr>
<td>Through Age 18 76,233</td>
<td>$2,653</td>
</tr>
</tbody>
</table>

---

**Notes:**

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 86.5% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
### II. MEDICAID SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>4.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;0.05%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.4%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>13.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23.9%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$357</td>
<td>$816</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$260</td>
<td>$396</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$4,096</td>
<td>$3,167</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$206</td>
<td>$195</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$360</td>
<td>$774</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$11,954</td>
<td>$17,945</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$120,836</td>
<td>$102,669</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$21,740</td>
<td>$39,862</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$25,210</td>
<td>$21,496</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$246</td>
<td>$1,328</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$5,673</td>
<td>$9,949</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$77</td>
<td>$250</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$712</td>
<td>$3,370</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$2,273</td>
<td>$2,741</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$6,612</td>
<td>$7,962</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$4,103</td>
<td>$5,123</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,634</td>
<td>$12,874</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
Medicaid State Report
FY 2004* (October 1, 2003 - September 30, 2004)

I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees (as Proportion of Population)</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,644,182</td>
<td>36.8% of 4,465,625</td>
<td>38.8% of 4,033,674</td>
<td>$1,878</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,564,978</td>
<td>53.5% of 2,952,650</td>
<td>59.1% of 2,861,497</td>
<td>$1,836</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>671,702</td>
<td>53.5% of 1,256,462</td>
<td>59.1% of 1,218,205</td>
<td>$1,836</td>
</tr>
<tr>
<td>Infants</td>
<td>129,051</td>
<td>59.1% of 218,205</td>
<td>59.1% of 218,205</td>
<td>$1,836</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>542,651</td>
<td>52.3% of 1,038,437</td>
<td>52.3% of 1,038,437</td>
<td>$1,836</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>893,276</td>
<td>32.2% of 2,777,032</td>
<td>32.2% of 2,777,032</td>
<td>$1,836</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>657,890</td>
<td>34.7% of 1,895,336</td>
<td>34.7% of 1,895,336</td>
<td>$1,836</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>235,386</td>
<td>26.7% of 881,696</td>
<td>26.7% of 881,696</td>
<td>$1,836</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>79,204</td>
<td>18.3% of 431,951</td>
<td>18.3% of 431,951</td>
<td>$1,836</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>57.3%</td>
<td>24.1%</td>
<td>$1,878</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>54.6%</td>
<td>22.4%</td>
<td>$1,836</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>23.4%</td>
<td>11.0%</td>
<td>$2,095</td>
</tr>
<tr>
<td>Infants</td>
<td>4.5%</td>
<td>3.4%</td>
<td>$3,338</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>18.9%</td>
<td>7.6%</td>
<td>$1,799</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>31.2%</td>
<td>11.4%</td>
<td>$1,642</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>22.9%</td>
<td>7.6%</td>
<td>$1,478</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.2%</td>
<td>3.9%</td>
<td>$2,103</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.8%</td>
<td>1.7%</td>
<td>$2,692</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>42.6%</td>
<td>66.7%</td>
<td>$7,000</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>13.0%</td>
<td>27.8%</td>
<td>$9,527</td>
</tr>
</tbody>
</table>

H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,534,104</td>
<td>$1,331</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,465,169</td>
<td>$1,308</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 2.2M, was 77.0% of 2.9M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>5.4%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>5.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24.1%</strong></td>
<td><strong>66.7%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Per-user</th>
<th>%Use+</th>
<th>Per-user</th>
<th>%Use+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$336</td>
<td>43.9%</td>
<td>$569</td>
<td>45.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$230</td>
<td>22.0%</td>
<td>$176</td>
<td>3.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$1,209</td>
<td>10.9%</td>
<td>$644</td>
<td>12.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$94</td>
<td>6.9%</td>
<td>$89</td>
<td>8.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$439</td>
<td>28.0%</td>
<td>$539</td>
<td>38.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$6,554</td>
<td>6.5%</td>
<td>$4,364</td>
<td>21.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$89,428</td>
<td>&lt;0.05%</td>
<td>$91,486</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$61,774</td>
<td>&lt;0.05%</td>
<td>$27,157</td>
<td>6.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>NA</td>
<td>0.0%</td>
<td>$52,190</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$977</td>
<td>9.9%</td>
<td>$1,955</td>
<td>10.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,788</td>
<td>3.7%</td>
<td>$2,104</td>
<td>3.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$59</td>
<td>29.0%</td>
<td>$205</td>
<td>32.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$579</td>
<td>37.5%</td>
<td>$2,953</td>
<td>58.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$673</td>
<td>60.7%</td>
<td>$2,497</td>
<td>27.8%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$25</td>
<td>48.3%</td>
<td>$22</td>
<td>29.9%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$786</td>
<td>&lt;0.05%</td>
<td>$432</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$383</td>
<td>31.4%</td>
<td>$3,041</td>
<td>23.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,975</strong></td>
<td>95.1%</td>
<td><strong>$8,087</strong></td>
<td>86.6%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on IIA-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ′na′ Data unavailable. ′NA′ Not applicable.

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[Logo: American Academy of Pediatrics]

DEDICATED TO THE HEALTH OF ALL CHILDREN™
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## GEORGIA

### I. MEDICAID* ENROLLEES AND EXPENDITURES

**DC, DE, FL, GA, MD, NC, SC, VA & WV make up the South Atlantic Region**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Federal Medical Assistance Percentage (FMAP)**</td>
<td>59.6%, 71.7% 62.0%, 73.4% (FY04 FMAP, Enhanced) (FY07 FMAP, Enhanced)</td>
</tr>
<tr>
<td>B. FY 2004 Total Medicaid Enrollment and Expenditures***</td>
<td>1,759,654 / $6,944M</td>
</tr>
<tr>
<td>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</td>
<td>1,273,133 (96.2% of 1,323,036^^)</td>
</tr>
<tr>
<td>D. Percent of Births Paid for by Medicaid, 2002^^^</td>
<td>49.0%</td>
</tr>
<tr>
<td>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</td>
<td>$425 M / $412M</td>
</tr>
<tr>
<td>F. Enrollee through Age 20, FY 2004 Enrollees (as Proportion of Population)</td>
<td>1,114,125 (41.2% of 2,705,352)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,066,068 (43.4% of 2,454,077)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>486,387 (60.5% of 804,259)</td>
</tr>
<tr>
<td>Infants</td>
<td>102,426 (74.6% of 137,221)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>383,961 (57.6% of 667,038)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>579,681 (35.1% of 1,649,818)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>428,587 (37.6% of 1,140,606)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>151,094 (29.7% of 509,212)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>48,057 (19.1% of 251,275)</td>
</tr>
<tr>
<td>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</td>
<td>% Total</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>63.3%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>60.6%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>27.6%</td>
</tr>
<tr>
<td>Infants</td>
<td>5.8%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>21.8%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>32.9%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>24.4%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.6%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.7%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>36.7%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.5%</td>
</tr>
<tr>
<td>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</td>
<td>Number of</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>1,062,459</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,019,380</td>
</tr>
</tbody>
</table>

---

**Notes:** * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 1.3M, was 75.2% of 1.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. † Data unavailable.
# II. MEDICAID Service utilization

## A. Payments by Age and Type of Service

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>4.3%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>4.1%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>7.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)</td>
<td>0.1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.4%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>4.3%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>na</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29.2%</strong></td>
<td><strong>64.8%</strong></td>
</tr>
</tbody>
</table>

## B. Average Payments per User of Service and Percent of Enrollees Using Each Service

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$377 (71.1%)</td>
<td>$751 (72.5%)</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$393 (34.0%)</td>
<td>$338 (9.7%)</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$231 (46.0%)</td>
<td>$3,461 (12.0%)</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$173 (18.6%)</td>
<td>$80 (18.2%)</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$623 (41.4%)</td>
<td>$1,810 (54.1%)</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,751 (11.7%)</td>
<td>$5,525 (20.0%)</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)</td>
<td>$61,696 (&lt;.05%)</td>
<td>$100,035 (0.2%)</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$67,143 (&lt;.05%)</td>
<td>$25,629 (6.1%)</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>NA</td>
<td>NA (0.0%)</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$578 (15.1%)</td>
<td>$916 (20.4%)</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$443 (0.2%)</td>
<td>$817 (1.4%)</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$63 (11.0%)</td>
<td>$118 (24.2%)</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$418 (63.4%)</td>
<td>$1,921 (64.9%)</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>na</td>
<td>NA (0.0%)</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$17 (84.5%)</td>
<td>$44 (39.2%)</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$2,274 (&lt;.05%)</td>
<td>$2,364 (1.6%)</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,706 (11.8%)</td>
<td>$2,579 (23.4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,918 (95.0%)</strong></td>
<td><strong>$8,198 (85.1%)</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>Location</th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAWAII</td>
<td>58.9%</td>
<td>71.2%</td>
</tr>
<tr>
<td></td>
<td>57.6%</td>
<td>70.3%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees**: 223,417
- **Expenditures**: $862M

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- Total Medicaid Enrollment: 148,580
- (78.0% of 190,381^^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

- 23.8%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- $0

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Age 20</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>110,593</td>
<td>(30.9% of 358,437)</td>
</tr>
<tr>
<td>Through Age 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>103,703</td>
<td>(32.2% of 321,710)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>40,850</td>
<td>(38.2% of 106,987)</td>
</tr>
<tr>
<td>Infants</td>
<td>7,350</td>
<td>(36.9% of 19,902)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>33,500</td>
<td>(38.5% of 87,085)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>62,853</td>
<td>(29.3% of 214,723)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>46,313</td>
<td>(32.2% of 143,925)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>16,540</td>
<td>(23.4% of 70,798)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>6,890</td>
<td>(18.8% of 36,727)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Age 20</strong></td>
<td>49.5%</td>
<td>23.6%</td>
<td>$1,842</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>46.4%</td>
<td>21.9%</td>
<td>$1,818</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>18.3%</td>
<td>12.4%</td>
<td>$2,617</td>
</tr>
<tr>
<td>Infants</td>
<td>3.3%</td>
<td>3.1%</td>
<td>$3,690</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>15.0%</td>
<td>9.3%</td>
<td>$2,382</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>28.1%</td>
<td>9.5%</td>
<td>$1,298</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>20.7%</td>
<td>6.5%</td>
<td>$1,218</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.4%</td>
<td>2.9%</td>
<td>$1,523</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.1%</td>
<td>1.8%</td>
<td>$2,213</td>
</tr>
<tr>
<td><strong>Age 21 or Older</strong></td>
<td>50.5%</td>
<td>75.1%</td>
<td>$5,738</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.2%</td>
<td>28.7%</td>
<td>$10,868</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Age 20</strong></td>
<td>108,061</td>
<td>$1,521</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>101,532</td>
<td>$1,510</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.2M, was 85.2% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.3%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.5%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.4%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>16.6%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23.6%</td>
<td>75.1%</td>
</tr>
</tbody>
</table>

**B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$333</td>
<td>6.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$312</td>
<td>39.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$324</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$206</td>
<td>0.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$657</td>
<td>2.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$7,983</td>
<td>1.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$156,839</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$49,376</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,492</td>
<td>0.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$26,406</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$94</td>
<td>3.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$1,237</td>
<td>2.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,359</td>
<td>95.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,602</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,595</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,898</td>
<td>97.1%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.  ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report.  ~ may include, but are not limited to, Ho and Community Waiver, prosthetic devices and eyeglasses.  == Expenditures do not sum to 100% due to unassigned claims and missing service recipient data.  + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I.  MEDICAID* ENROLLEES AND EXPENDITURES

AZ, CO, ID, MT, NM, NV, UT & WY make up the Mountain Region

### A.  Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FMAP</th>
<th>Enhanced FY04</th>
<th>Enhanced FY07</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.5%</td>
<td>79.3%</td>
<td>70.4%</td>
</tr>
</tbody>
</table>

### B.  FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>220,535</td>
<td>/ $990M</td>
</tr>
</tbody>
</table>

### C.  Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>FY04 (%)</th>
<th>Enrollment</th>
<th>FY07 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>131,693</td>
<td>(79.3% of 166,088^^)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D.  Percent of Births Paid for by Medicaid, 2002^^

| Percent | 38.1% |

### E.  FY 2004 and FY 2000-2004 Averaged DSH## Payment

| Payment | 12 M | $9 M |

### F.  Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
<th>Through Age 5</th>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>153,818</td>
<td>147,039</td>
<td>62,806</td>
<td>11,361</td>
<td>51,445</td>
<td>84,233</td>
<td>63,569</td>
<td>20,664</td>
</tr>
</tbody>
</table>

### G.  Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Payment</th>
<th>Through Age 20</th>
<th>Through Age 18</th>
<th>Through Age 5</th>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Enrollee</td>
<td>69.7%</td>
<td>66.7%</td>
<td>28.5%</td>
<td>5.2%</td>
<td>23.3%</td>
<td>38.2%</td>
<td>28.8%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollees~</th>
<th>Expenditures~</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>67,779</td>
<td>(37.1% of 394,442)</td>
<td>($16.4% of 41,364)</td>
</tr>
</tbody>
</table>

### H.  Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Payment</th>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>146,504</td>
<td>140,491</td>
</tr>
<tr>
<td>Per Enrollee Payment</td>
<td>$1,455</td>
<td>$1,422</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^^ Includes Primary Care Case Management. ^ Includes Primary Care Case Management. **^ Point-in-time enrollment on 06/30/04, at 0.2M, was 76.3% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ** Data unavailable.
II. MEDICAID\* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.6%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>6.6%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.9%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>4.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>4.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32.0%</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$363 $350 $759 $124 $356 $5,990 $84,072 $29,177 $10,538 $1,515 $1,576 $72 $364 $225 $1,408</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
</tr>
<tr>
<td>Dental Services</td>
<td>64.4% 34.0% 27.1% 16.8% 34.1% 7.1% 0.1% 20.3% 0.6% 18.0% 30.5% 35.0% 35.1% 58.7% 69.2%</td>
<td>71.5% 23.8% 30.4% 29.7% 43.2% 21.5% 0.8% 20.3% 1.3% 33.3% 1.5% 56.8% 72.9% 49.7% 1.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>64.4% 34.0% 27.1% 16.8% 34.1% 7.1% 0.1% 20.3% 0.6% 18.0% 30.5% 35.0% 35.1% 58.7% 69.2%</td>
<td></td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$704 $464 $873 $152 $849 $5,031 $87,169 $28,303 $6,984 $4,254 $6,218 $191 $2,607 $504 $3,921</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,283 $1,408 $2,283 $1,408 $2,283 $1,408 $2,283 $1,408 $2,283 $1,408 $2,283 $1,408 $2,283</td>
<td>90.3% 33.9% 90.3% 33.9% 90.3% 33.9% 90.3% 33.9% 90.3% 33.9% 90.3% 33.9% 90.3% 33.9% 90.3% 33.9%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home Health, and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

### I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Medicaid State Report</th>
<th><strong>ILLINOIS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>IL, IN, MI, OH &amp; WI make up the East North Central Region</td>
<td></td>
</tr>
</tbody>
</table>

#### A. Federal Medical Assistance Percentage (FMAP)**

- 50.0%, 65.0% (FY04 FMAP, Enhanced)
- 50.0%, 65.0% (FY07 FMAP, Enhanced)

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- 2,264,567 / $10,796M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- 158,869 (9.1% of 1,740,488^^)

#### D. Percent of Births Paid for by Medicaid, 2002^^^

- 39.9%

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- $379 M / $342 M

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,264,313 (33.6% of 3,759,171)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,205,972 (35.4% of 3,405,672)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>489,297 (45.5% of 1,075,717)</td>
</tr>
<tr>
<td>Infants</td>
<td>85,361 (46.5% of 183,731)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>403,936 (45.3% of 891,986)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>716,675 (30.8% of 2,329,955)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>536,962 (33.1% of 1,622,452)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>179,713 (25.4% of 707,503)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>58,341 (16.5% of 353,499)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Expenditures</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>55.8%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>53.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>21.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.8%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>31.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>23.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>44.2%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>16.4%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>1,233,731</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,181,258</td>
</tr>
</tbody>
</table>

---

Notes: *Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. **Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. ***Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^Includes Primary Care Case Management. ^^Point-in-time enrollment on 06/30/04, at 1.7M, was 76.9% of 2.3M total annual enrollment state(s) reported to CMS for FY 2004. ^^^Data for AL is from 2000 and not included in US or regional averages. ##Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. *Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

**A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>6.0%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.2%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>1.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Total~</td>
<td>17.4%</td>
<td>64.4%</td>
</tr>
</tbody>
</table>

**B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$228 51.6%</td>
<td>$512 51.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$146 27.3%</td>
<td>$231 13.7%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$242 10.7%</td>
<td>$513 16.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$37 7.1%</td>
<td>$46 11.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$239 34.5%</td>
<td>$581 40.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$10,043 5.1%</td>
<td>$10,760 12.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$66,932 &lt;.05%</td>
<td>$67,936 0.9%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$13,205 &lt;.05%</td>
<td>$20,859 7.3%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$14,001 0.3%</td>
<td>$20,488 0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$462 54.5%</td>
<td>$3,727 10.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$5,025 0.3%</td>
<td>$965 0.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$61 28.9%</td>
<td>$156 41.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$354 53.5%</td>
<td>$1,882 75.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$736 14.3%</td>
<td>$1,740 4.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA 0.0%</td>
<td>NA 0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$523 &lt;.05%</td>
<td>$777 0.7%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$446 11.4%</td>
<td>$3,416 24.8%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,774 83.9%</td>
<td>$8,178 85.0%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd55.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. --- may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FY04 FMAP</th>
<th>Enhanced FY07 FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.3%</td>
<td>62.6%</td>
</tr>
<tr>
<td>73.6%</td>
<td>73.8%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- Enrollees: 982,131
- Expenditures: $4,343M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>509,732</td>
</tr>
</tbody>
</table>

( % of Total Medicaid Enrollment, 06/30/2004) (63.4% of 803,786^^)

#### D. Percent of Births Paid for by Medicaid, 2002^^^

- 51.4%

#### D. Percent of Births Paid for by Medicaid, 2002^^^

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- $357 M / $375 M

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees (as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20: 615,708 (33.2% of 1,854,322)</td>
</tr>
<tr>
<td>Through Age 18: 585,537 (34.8% of 1,680,462)</td>
</tr>
</tbody>
</table>

| Ages 1 through 5: 237,590 (45.9% of 517,948) |
| Ages 6 through 14: 260,715 (32.4% of 805,265) |
| Ages 15 through 18: 87,232 (24.4% of 357,249) |
| Ages 19 and 20: 30,171 (17.4% of 173,860) |

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Total Enrollees</th>
<th>Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20: 62.7%</td>
<td>25.9%</td>
<td>$1,829</td>
</tr>
<tr>
<td>Through Age 18: 59.6%</td>
<td>23.8%</td>
<td>$1,768</td>
</tr>
</tbody>
</table>

| Through Age 5: 24.2% | 9.9% | $1,800 |
| Ages 1 through 5: 19.6% | 6.9% | $1,558 |
| Ages 6 through 18: 35.4% | 14.0% | $1,746 |
| Ages 6 through 14: 26.5% | 9.3% | $1,545 |
| Ages 15 through 18: 8.9% | 4.7% | $2,344 |
| Ages 19 and 20: 3.1% | 2.1% | $3,011 |

| Age 21 or Older: 37.3% | 70.5% | $8,352 |
| Age 65 or Older: 8.2% | 23.5% | $12,697 |

#### H. Non-Blind/Disabled Enrollleees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20: 599,866</td>
<td>$1,548</td>
</tr>
<tr>
<td>Through Age 18: 571,899</td>
<td>$1,531</td>
</tr>
</tbody>
</table>

**Notes:** *
- Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- Includes Primary Care Case Management.
- Point-in-time enrollment on 06/30/04, at 0.8M, was 81.8% of 1.0M total annual enrollment state(s) reported to CMS for FY 2004.
- Includes Primary Care Case Management.
- Data for AL is from 2000 and not included in US or regional averages.
- Disproportionate Share Hospital Payments.~
- Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.9%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.2%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.0%</td>
<td>9.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25.9%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$268</td>
<td>$506</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$366</td>
<td>$444</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$211</td>
<td>$376</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$417</td>
<td>$444</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$306</td>
<td>$628</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,730</td>
<td>$5,602</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$64,845</td>
<td>$73,552</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$43,428</td>
<td>$20,782</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$13,299</td>
<td>$28,494</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,758</td>
<td>$3,001</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$11,519</td>
<td>$6,088</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$63</td>
<td>$162</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$520</td>
<td>$2,694</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$955</td>
<td>$1,928</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$25</td>
<td>$26</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$722</td>
<td>$242</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$958</td>
<td>$3,174</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,960</td>
<td>$9,652</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
Medicaid State Report
FY 2004* (October 1, 2003 - September 30, 2004)

I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2004 Total Medicaid Enrollment and Expenditures***</th>
<th>Total Medicaid Managed Care^ Enrollment, 06/30/2004</th>
<th>Percent of Births Paid for by Medicaid, 2002^^^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>399,710 / $2,206M</td>
<td>262,487</td>
<td>25.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td></td>
<td>(92.1% of 284,918^^)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004</td>
<td>228,781 (27.0% of 846,492)</td>
<td>(38.7% of 228,950)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, (as Proportion of Population)</td>
<td>214,884 (28.2% of 762,925)</td>
<td>(37.2% of 191,351)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Infants</td>
<td>88,633</td>
<td>(46.2% of 37,599)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Ages 1 through 5</td>
<td>71,249</td>
<td>(23.6% of 533,975)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Ages 6 through 18</td>
<td>126,251</td>
<td>(25.3% of 367,010)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Ages 6 through 14</td>
<td>92,723</td>
<td>(20.1% of 166,965)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Ages 15 through 18</td>
<td>33,528</td>
<td>(16.6% of 83,567)</td>
<td></td>
</tr>
<tr>
<td>Through Age 18, FY 2004, Ages 19 and 20</td>
<td>13,897</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees~</th>
<th>% Total Expenditures~</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>57.2%</td>
<td>24.8%</td>
<td>$2,392</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>53.8%</td>
<td>22.4%</td>
<td>$2,302</td>
</tr>
<tr>
<td>Through Age 18, FY 2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 5</td>
<td>22.2%</td>
<td>7.6%</td>
<td>$1,894</td>
</tr>
<tr>
<td>Infants</td>
<td>4.3%</td>
<td>2.1%</td>
<td>$2,722</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.8%</td>
<td>5.5%</td>
<td>$1,693</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>31.6%</td>
<td>14.8%</td>
<td>$2,587</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>23.2%</td>
<td>9.1%</td>
<td>$2,159</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.4%</td>
<td>5.7%</td>
<td>$3,771</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.5%</td>
<td>2.4%</td>
<td>$3,783</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>42.8%</td>
<td>73.6%</td>
<td>$9,500</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.3%</td>
<td>26.7%</td>
<td>$14,254</td>
</tr>
</tbody>
</table>

H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>217,358</td>
<td>$1,588</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>204,993</td>
<td>$1,564</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.3M, was 71.3% of 0.4M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>A. Payments by Age and Type of Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>2.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>1.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.2%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>4.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.2%</td>
<td>11.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.8%</td>
<td>73.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per-user %Use+</td>
<td>Per-user %Use+</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$370</td>
<td>$635</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$259</td>
<td>$346</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$561</td>
<td>$337</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$116</td>
<td>$137</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$436</td>
<td>$888</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,432</td>
<td>$4,216</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$96,288</td>
<td>$101,102</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$67,784</td>
<td>$21,528</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$27,694</td>
<td>$108,800</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,019</td>
<td>$1,110</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,465</td>
<td>$3,834</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$63</td>
<td>$150</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$496</td>
<td>$2,326</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$469</td>
<td>$704</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$15</td>
<td>$13</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$2,722</td>
<td>$4,420</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,586</td>
<td>$10,408</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

### FY 2004* (October 1, 2003 - September 30, 2004)

#### I. MEDICAID* ENROLLEES AND EXPENDITURES

**Kansas**  
IA, KS, MN, MO, ND, NE & SD make up the West North Central Region

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>60.8%, 72.6%</th>
<th>60.3%, 72.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 344,006 / $1,860M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 153,395 |
| ( % of Total Medicaid Enrollment, 06/30/2004)     | (57.0% of 269,032^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 37.9% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $63 M / $47 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees (as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>213,480 (25.8% of 827,787)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>202,571 (27.2% of 745,271)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td></td>
</tr>
<tr>
<td>Through Age 5</td>
<td>92,948 (40.1% of 231,876)</td>
</tr>
<tr>
<td>Infants</td>
<td>17,861 (45.7% of 39,063)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>75,087 (38.9% of 192,813)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>109,623 (21.4% of 513,395)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>80,584 (23.1% of 349,574)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>29,039 (17.7% of 163,821)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>10,909 (13.2% of 82,516)</td>
</tr>
</tbody>
</table>

| G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004 |
|-----------------------------------------------|-----------------|-----------------|-----------------|
| Through Age 20                                | % Total Enrollees~ | % Total Expenditures~ | Per Enrollee Payment |
|                                               | 62.1%           | 27.9%           | $2,435         |
| Through Age 18                                | 58.9%           | 26.0%           | $2,384         |
| Through Age 5                                 | 27.0%           | 8.6%            | $1,729         |
| Infants                                       | 5.2%            | 2.7%            | $2,835         |
| Ages 1 through 5                              | 21.8%           | 5.9%            | $1,466         |
| Ages 6 through 18                             | 31.9%           | 17.3%           | $2,939         |
| Ages 6 through 14                             | 23.4%           | 10.8%           | $2,484         |
| Ages 15 through 18                            | 8.4%            | 6.6%            | $4,203         |
| Ages 19 and 20                                | 3.2%            | 2.0%            | $3,378         |
| Age 21 or Older                               | 37.9%           | 67.4%           | $9,608         |
| Age 65 or Older                               | 9.7%            | 25.4%           | $14,095        |

| H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004 |
|-----------------------------------------------|-----------------|
| Through Age 20                                | Number of Enrollees | Per Enrollee Payment |
|                                               | 202,596          | $1,837              |
| Through Age 18                                | 192,934          | $1,836              |

Notes:  * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.3M, was 78.2% of 0.3M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1% &lt; .05%</td>
<td></td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.7% 3.6%</td>
<td></td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1% 0.1%</td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6% 1.1%</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.4% 6.4%</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1% 3.2%</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt; .05% 16.6%</td>
<td></td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.2% 0.2%</td>
<td></td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.5% 2.8%</td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt; .05% 0.7%</td>
<td></td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1% 0.2%</td>
<td></td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.6% 11.9%</td>
<td></td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>4.4% 1.5%</td>
<td></td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1% &lt; .05%</td>
<td></td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt; .05% &lt; .05%</td>
<td></td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>6.2% 16.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27.9% 67.4%</td>
<td></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$297 47.7%</td>
<td>$609 57.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$337 28.9%</td>
<td>$254 2.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$1,297 25.2%</td>
<td>$1,975 26.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$128 9.8%</td>
<td>$125 9.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$222 25.3%</td>
<td>$451 34.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,741 7.9%</td>
<td>$6,107 14.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$67,332 &lt; .05%</td>
<td>$91,563 0.5%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$2,165 &lt; .05%</td>
<td>$20,223 11.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$13,659 0.2%</td>
<td>$15,680 0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$5,734 5.3%</td>
<td>$2,252 17.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$594 0.7%</td>
<td>$3,917 2.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$55 11.1%</td>
<td>$110 19.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$521 43.7%</td>
<td>$2,606 65.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$931 41.4%</td>
<td>$1,339 15.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$13 43.8%</td>
<td>$12 26.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$741 &lt; .05%</td>
<td>$684 0.5%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$3,528 15.4%</td>
<td>$9,597 25.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,611 93.3%</td>
<td>$10,853 88.5%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
Medicaid State Report
FY 2004* (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### A. Federal Medical Assistance Percentage (FMAP)**
- 70.1%, 79.1%  (FY04 FMAP, Enhanced)
- 69.6%, 78.7%  (FY07 FMAP, Enhanced)

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***
- 833,511  /  $3,924M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004
- 625,807  (92.2% of 678,529^^)

#### D. Percent of Births Paid for by Medicaid, 2002^^^
- 38.4%

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment
- $195  /  $188 M

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>458,162</td>
<td>(39.1% of 1,172,857)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>435,642</td>
<td>(41.1% of 1,059,451)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>166,001</td>
<td>(49.9% of 332,371)</td>
</tr>
<tr>
<td></td>
<td>30,538</td>
<td>(55.3% of 55,240)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>135,463</td>
<td>(48.9% of 277,131)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>269,641</td>
<td>(37.1% of 727,080)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>196,076</td>
<td>(39.2% of 500,697)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>73,565</td>
<td>(32.5% of 226,383)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>22,520</td>
<td>(19.9% of 113,406)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>55.0%</td>
<td>29.6%</td>
<td>$2,538</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>52.3%</td>
<td>27.6%</td>
<td>$2,483</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>19.9%</td>
<td>9.2%</td>
<td>$2,173</td>
</tr>
<tr>
<td>Infants</td>
<td>3.7%</td>
<td>1.8%</td>
<td>$2,283</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.3%</td>
<td>7.4%</td>
<td>$2,148</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>32.4%</td>
<td>18.4%</td>
<td>$2,675</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>23.5%</td>
<td>11.8%</td>
<td>$2,355</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.8%</td>
<td>6.6%</td>
<td>$3,528</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.7%</td>
<td>2.1%</td>
<td>$3,592</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>45.0%</td>
<td>69.0%</td>
<td>$7,218</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.2%</td>
<td>23.1%</td>
<td>$9,752</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>423,084</td>
<td>$2,017</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>404,653</td>
<td>$1,980</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.7M, was 81.4% of 0.8M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.9%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>2.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.3%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>4.0%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>6.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>5.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>29.6%</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$340</td>
<td>55.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$291</td>
<td>27.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$743</td>
<td>27.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$284</td>
<td>21.5%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$501</td>
<td>38.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,374</td>
<td>5.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$127,773</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$88,564</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$13,545</td>
<td>0.8%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$320</td>
<td>11.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,711</td>
<td>0.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>33.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$568</td>
<td>60.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$546</td>
<td>98.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$38</td>
<td>65.4%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$836</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,029</td>
<td>42.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,581</td>
<td>98.3%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71.6%, 80.1%</td>
<td>69.7%, 78.8%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees**: 1,112,345
- **Expenditures**: $4,039M

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- **Enrollees**: 723,837
- (78.8% of 919,079^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

- **Percentage**: 56.4%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **Per Enrollee Payment**: $1,025 M / $874 M

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>745,594</td>
<td>(53.3% of 1,398,238)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>707,955</td>
<td>(56.3% of 1,257,203)</td>
</tr>
<tr>
<td>(68.0% of 397,190)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 5</td>
<td>270,156</td>
<td>(74.2% of 69,205)</td>
</tr>
<tr>
<td>Infants</td>
<td>51,337</td>
<td>(44.0% of 141,035)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>218,819</td>
<td>(50.9% of 584,713)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>437,799</td>
<td>(54.2% of 275,279)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>316,667</td>
<td>(44.0% of 275,279)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>121,132</td>
<td>(68.0% of 397,190)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>37,639</td>
<td>(68.0% of 397,190)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>67.0%</td>
<td>28.4%</td>
<td>$1,538</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>63.6%</td>
<td>25.8%</td>
<td>$1,470</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>24.3%</td>
<td>11.2%</td>
<td>$1,675</td>
</tr>
<tr>
<td>Infants</td>
<td>4.6%</td>
<td>3.5%</td>
<td>$2,785</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>19.7%</td>
<td>7.7%</td>
<td>$1,415</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>39.4%</td>
<td>14.6%</td>
<td>$1,343</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>28.5%</td>
<td>9.4%</td>
<td>$1,198</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>10.9%</td>
<td>5.2%</td>
<td>$1,724</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.4%</td>
<td>2.6%</td>
<td>$2,815</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>33.0%</td>
<td>68.8%</td>
<td>$7,581</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.8%</td>
<td>21.6%</td>
<td>$8,010</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>703,237</td>
<td>$1,130</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>670,438</td>
<td>$1,093</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.9M, was 82.6% of 1.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.8%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>6.9%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.7%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>6.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$292</td>
<td>$494</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$200</td>
<td>$606</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$292</td>
<td>$705</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$88</td>
<td>$123</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$341</td>
<td>$876</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$6,483</td>
<td>$3,437</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$60,312</td>
<td>$73,201</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$26,682</td>
<td>$18,974</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$4,149</td>
<td>$5,289</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$595</td>
<td>$1,563</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$4,704</td>
<td>$1,130</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>$211</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$490</td>
<td>$2,517</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$29</td>
<td>$25</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$904</td>
<td>$673</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$251</td>
<td>$2,564</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,627</td>
<td>$8,819</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### MAINE

CT, MA, ME, NH, RI & VT make up the New England Region

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>66.0%, 76.2%</th>
<th>63.3%, 74.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. FY 2004 Total Medicaid Enrollment and Expenditures***</th>
<th>306,397 / $2,366M</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</th>
<th>154,785</th>
</tr>
</thead>
<tbody>
<tr>
<td>( % of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(59.8% of 258,686^^)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Percent of Births Paid for by Medicaid, 2002^^^</th>
<th>31.7%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E. FY 2004 and FY 2000-2004 Average DSH## Payment</th>
<th>$82 M / $56 M</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>127,609</td>
<td>(37.9% of 336,465)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>116,283</td>
<td>(38.5% of 302,229)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>38,704</td>
<td>(45.7% of 84,606)</td>
</tr>
<tr>
<td>Infants</td>
<td>6,329</td>
<td>(47.0% of 13,472)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>32,375</td>
<td>(45.5% of 71,134)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>77,579</td>
<td>(35.6% of 217,623)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>53,938</td>
<td>(36.5% of 147,702)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>23,641</td>
<td>(33.8% of 69,921)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>11,326</td>
<td>(33.1% of 34,236)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrollees~</td>
<td>Expenditures~</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>41.6%</td>
<td>28.4%</td>
<td>$5,275</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>38.0%</td>
<td>25.8%</td>
<td>$5,255</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>12.6%</td>
<td>6.2%</td>
<td>$3,768</td>
</tr>
<tr>
<td>Infants</td>
<td>2.1%</td>
<td>1.6%</td>
<td>$6,033</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>10.6%</td>
<td>4.5%</td>
<td>$3,325</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>25.3%</td>
<td>19.7%</td>
<td>$5,996</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>17.6%</td>
<td>11.6%</td>
<td>$5,081</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.7%</td>
<td>8.1%</td>
<td>$8,086</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.7%</td>
<td>2.6%</td>
<td>$5,487</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>58.4%</td>
<td>70.8%</td>
<td>$9,376</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.2%</td>
<td>18.4%</td>
<td>$12,621</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>121,060</td>
<td>$4,175</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>110,568</td>
<td>$4,220</td>
</tr>
</tbody>
</table>

*Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  ***Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^Point-in-time enrollment on 06/30/04, at 0.3M, was 84.4% of 0.3M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  'Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.6%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>3.3%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.8%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.7%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.3%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>9.1%</td>
<td>18.0%</td>
</tr>
<tr>
<td><strong>Total~</strong></td>
<td><strong>28.4%</strong></td>
<td><strong>70.8%</strong></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$230</td>
<td>52.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$289</td>
<td>36.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$2,085</td>
<td>33.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$111</td>
<td>19.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$1,097</td>
<td>55.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$9,090</td>
<td>7.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$146,374</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$62,397</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$40,918</td>
<td>0.8%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$3,183</td>
<td>19.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,148</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$60</td>
<td>41.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$513</td>
<td>65.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$27</td>
<td>81.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$6,490</td>
<td>25.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,514</strong></td>
<td><strong>95.7%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## MARYLAND

### I. MEDICAID ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>50.0%, 65.0%</th>
<th>50.0%, 65.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2004 FMAP, Enhanced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY04 FMAP, Enhanced</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 845,145 / $4,594M |

<table>
<thead>
<tr>
<th>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</th>
<th>469,998</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of Total Medicaid Enrollment, 06/30/2004)</td>
<td></td>
</tr>
<tr>
<td>(67.5% of 696,097^^)</td>
<td></td>
</tr>
</tbody>
</table>

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 33.8% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $79 M / $97 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees (as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>491,203 (30.5% of 1,611,310)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>465,426 (31.9% of 1,456,997)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>180,063 (40.2% of 448,104)</td>
</tr>
<tr>
<td>Infants</td>
<td>32,433 (42.8% of 75,708)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>147,630 (39.6% of 372,396)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>285,363 (28.3% of 1,008,893)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>207,872 (30.0% of 693,856)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>77,491 (24.6% of 315,037)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>25,777 (16.7% of 154,313)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>58.1%</td>
<td>27.9%</td>
<td>$2,606</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>55.1%</td>
<td>25.8%</td>
<td>$2,543</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>21.3%</td>
<td>8.4%</td>
<td>$2,134</td>
</tr>
<tr>
<td>Infants</td>
<td>3.8%</td>
<td>1.9%</td>
<td>$2,642</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.5%</td>
<td>6.5%</td>
<td>$2,023</td>
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<tr>
<td>Ages 6 through 18</td>
<td>33.8%</td>
<td>17.4%</td>
<td>$2,801</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>24.6%</td>
<td>11.4%</td>
<td>$2,526</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>9.2%</td>
<td>6.0%</td>
<td>$3,539</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.1%</td>
<td>2.1%</td>
<td>$3,748</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>41.9%</td>
<td>71.1%</td>
<td>$9,227</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.5%</td>
<td>24.9%</td>
<td>$14,332</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>471,138</td>
<td>$1,995</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>447,926</td>
<td>$1,944</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.7M, was 82.4% of 0.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>A. Payments by Age and Type of Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>na</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.1%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>4.5%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>13.7%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Total~</td>
<td>27.9%</td>
<td>71.1%</td>
</tr>
</tbody>
</table>

** Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. — Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.

<table>
<thead>
<tr>
<th>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per-user</td>
<td>%Use+</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$647</td>
<td>13.8%</td>
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<tr>
<td>Dental Services</td>
<td>$166</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$346</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>na</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$1,447</td>
<td>7.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$12,000</td>
<td>2.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$113,310</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$38,404</td>
<td>&lt;.05%</td>
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<tr>
<td>Mental Health Facility Services</td>
<td>$33,832</td>
<td>0.6%</td>
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<tr>
<td>Personal Care Services</td>
<td>$2,809</td>
<td>15.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,630</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$73</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$1,060</td>
<td>12.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,364</td>
<td>94.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,581</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>$2,728</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. — Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

FY 2004* (October 1, 2003 - September 30, 2004)

<table>
<thead>
<tr>
<th>I. MEDICAID* ENROLLEES AND EXPENDITURES</th>
<th>MASSACHUSETTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Federal Medical Assistance Percentage (FMAP)**</td>
<td>50.0%, 65.0% (FY04 FMAP, Enhanced) / 50.0%, 65.0% (FY07 FMAP, Enhanced)</td>
</tr>
<tr>
<td>B. FY 2004 Total Medicaid Enrollment and Expenditures***</td>
<td>1,156,690 / $7,776M</td>
</tr>
<tr>
<td>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</td>
<td>581,520 / (61.4% of 947,297^^)</td>
</tr>
<tr>
<td>D. Percent of Births Paid for by Medicaid, 2002^^^</td>
<td>27.5%</td>
</tr>
<tr>
<td>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</td>
<td>$489 M / $515 M</td>
</tr>
<tr>
<td>F. Enrollee through Age 20, FY 2004</td>
<td>Enrollees (as Proportion of Population)</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>515,616 (28.8% of 1,787,399)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>483,547 (29.9% of 1,615,718)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>483,547 (29.9% of 1,615,718)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>170,256 (35.3% of 482,911)</td>
</tr>
<tr>
<td>Infants</td>
<td>31,336 (38.7% of 80,961)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>138,920 (34.6% of 401,950)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>313,291 (27.7% of 1,132,807)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>220,543 (28.6% of 771,099)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>92,748 (25.6% of 361,708)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>32,069 (18.7% of 171,681)</td>
</tr>
<tr>
<td>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</td>
<td>% Total Enrollees~</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>44.6%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>41.8%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>14.7%</td>
</tr>
<tr>
<td>Infants</td>
<td>2.7%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>12.0%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27.1%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.1%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.0%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.8%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>55.4%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004 | Number of Enrollees | Per Enrollee Payment |
| Through Age 20 | 485,279 | $2,905 |
| Through Age 18 | 457,928 | $2,921 |

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.9M, was 81.9% of 1.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.4%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.9%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>9.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>1.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services</td>
<td>1.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22.9%</strong></td>
<td><strong>76.1%</strong></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$310 35.7%</td>
<td>$408 48.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$341 33.5%</td>
<td>$194 11.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$301 7.1%</td>
<td>$964 15.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$84 6.0%</td>
<td>$72 9.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$771 24.3%</td>
<td>$855 44.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$6,806 4.4%</td>
<td>$5,339 7.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>NA 0.0%</td>
<td>$183,411 0.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$82,830 0.1%</td>
<td>$36,012 7.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$73,865 0.1%</td>
<td>$7,510 0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,770 15.9%</td>
<td>$3,775 9.8%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$7,468 1.1%</td>
<td>$21,472 4.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$148 28.8%</td>
<td>$421 36.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$494 36.0%</td>
<td>$2,235 61.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$3,068 47.3%</td>
<td>$4,440 21.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$434 42.4%</td>
<td>$858 33.2%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$884 &lt;.05%</td>
<td>$2,105 0.3%</td>
</tr>
<tr>
<td>Other Care Services</td>
<td>$1,264 18.1%</td>
<td>$3,554 21.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,798 91.1%</strong></td>
<td><strong>$10,587 87.2%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ’na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

**MICHIGAN**

IL, IN, MI, OH & WI make up the East North Central Region

<table>
<thead>
<tr>
<th>Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Federal Medical Assistance Percentage (FMAP)**</td>
<td>55.9%, 69.1%</td>
<td>56.4%, 69.5%</td>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> FY 2004 Total Medicaid Enrollment and Expenditures***</td>
<td>1,770,258</td>
<td>/</td>
<td>$7,697M</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong> Total Medicaid Managed Care^ Enrollment, 06/30/2004</td>
<td>1,255,067</td>
<td>( 89.0% of 1,409,832^^)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D.</strong> Percent of Births Paid for by Medicaid, 2002^^^</td>
<td>33.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E.</strong> FY 2004 and FY 2000-2004 Averaged DSH## Payment</td>
<td>$447 M</td>
<td>/</td>
<td>$431 M</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F.</strong> Enrollee through Age 20, FY 2004</td>
<td>1,015,405</td>
<td>(34.0% of 2,987,332 )</td>
<td>(35.3% of 2,706,605 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>956,775</td>
<td>(44.2% of 802,341 )</td>
<td>(49.6% of 129,803 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>354,646</td>
<td>(43.2% of 672,538 )</td>
<td>(43.2% of 760,272 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 15</td>
<td>290,243</td>
<td>(31.6% of 904,264 )</td>
<td>(26.8% of 580,564 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>602,129</td>
<td>(33.7% of 1,321,700 )</td>
<td>(20.9% of 280,727 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>446,022</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>156,107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>58,630</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G.</strong> Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</td>
<td>% Total Enrollees~</td>
<td>% Total Expenditures~</td>
<td>Per Enrollee Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 20</td>
<td>57.4%</td>
<td>24.2%</td>
<td>$1,838</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 18</td>
<td>54.0%</td>
<td>22.3%</td>
<td>$1,791</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Age 15</td>
<td>42.6%</td>
<td>61.4%</td>
<td>$6,262</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>3.6%</td>
<td>3.6%</td>
<td>$2,851</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>16.4%</td>
<td>6.9%</td>
<td>$1,839</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>25.2%</td>
<td>8.7%</td>
<td>$1,495</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>8.8%</td>
<td>4.3%</td>
<td>$2,109</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>3.3%</td>
<td>2.0%</td>
<td>$2,610</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>7.5%</td>
<td>19.4%</td>
<td>$11,192</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Notes:
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 1.4M, was 79.6% of 1.8M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ## Disproportionate Share Hospital Payments.
- ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>A. Payments by Age and Type of Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>2.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.2%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>&lt;.05%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>14.5%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.4%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24.2%</strong></td>
<td><strong>61.4%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-user</td>
<td>% Use+</td>
<td>Per-user</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>$357</td>
<td>21.8%</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>$222</td>
<td>23.1%</td>
</tr>
<tr>
<td><strong>Clinic Services</strong></td>
<td>$1,803</td>
<td>11.6%</td>
</tr>
<tr>
<td><strong>Other Practitioner Services</strong></td>
<td>$76</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>$351</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$3,153</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>Intermediate Care Facilities (ICF-MRs)^</strong></td>
<td>$107,145</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td><strong>Nursing Home</strong></td>
<td>$23,159</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td><strong>Mental Health Facility Services</strong></td>
<td>$29,614</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td><strong>Personal Care Services</strong></td>
<td>$273</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td>$7,023</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Lab and X-Ray</strong></td>
<td>$61</td>
<td>9.0%</td>
</tr>
<tr>
<td><strong>Prescribed Drugs</strong></td>
<td>$457</td>
<td>21.4%</td>
</tr>
<tr>
<td><strong>Capitated Payment</strong></td>
<td>$1,148</td>
<td>95.8%</td>
</tr>
<tr>
<td><strong>Primary Care Case Management Services</strong></td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Sterilization Services</strong></td>
<td>$553</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td><strong>Other Care Services~</strong></td>
<td>$861</td>
<td>3.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,910</strong></td>
<td><strong>96.2%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ** Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'NA' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

### I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>MINNESOTA</th>
<th>IA, KS, MN, MO, ND &amp; SD make up the West North Central Region</th>
</tr>
</thead>
</table>

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.0%, 65.0%</td>
<td>50.0%, 65.0%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>FY2004 Medicaid Enrollment and Expenditures</th>
<th>736,476 / $4,575M</th>
</tr>
</thead>
</table>

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

( % of Total Medicaid Enrollment, 06/30/2004)

<table>
<thead>
<tr>
<th>FY2004 Managed Care Enrollment</th>
<th>361,381</th>
</tr>
</thead>
<tbody>
<tr>
<td>(63.5% of 568,761^^)</td>
<td></td>
</tr>
</tbody>
</table>

#### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th>Percent of Births Paid</th>
<th>35.2%</th>
</tr>
</thead>
</table>

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>Averaged DSH Payment</th>
<th>$68 M / $62 M</th>
</tr>
</thead>
</table>

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees (as Proportion of Population)</th>
<th>Through Age 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>398,610</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>366,724</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>145,920</td>
</tr>
<tr>
<td>Infants</td>
<td>26,930</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>118,990</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>220,804</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>157,431</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>63,373</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>31,886</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>54.1%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>49.8%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>19.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>30.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>21.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>4.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>45.9%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>45.9%</td>
<td>71.3%</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrolllees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Payment</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>380,644</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>350,888</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.6M, was 77.2% of 0.7M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>6.1%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>12.3%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27.3%</strong></td>
<td><strong>71.3%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$396</td>
<td>$715</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$260</td>
<td>$327</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$284</td>
<td>$765</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$1,052</td>
<td>$462</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$361</td>
<td>$628</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,842</td>
<td>$6,340</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$48,512</td>
<td>$50,459</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$2,586</td>
<td>$13,810</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$22,072</td>
<td>$23,497</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,627</td>
<td>$14,859</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,386</td>
<td>$1,266</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$61</td>
<td>$95</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$620</td>
<td>$2,319</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,744</td>
<td>$3,470</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$3,255</td>
<td>$1,672</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,412</strong></td>
<td><strong>$11,155</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. Medicaid Enrollees and Expenditures

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>FY04 FMAP</th>
<th>FY07 FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced</td>
<td>77.1%, 84.0%</td>
<td>75.9%, 83.1%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>785,105</td>
<td>$3,312M</td>
</tr>
</tbody>
</table>

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>73,445</th>
</tr>
</thead>
</table>

(11.5% of 637,910^^^)

#### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.8%</td>
</tr>
</tbody>
</table>

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>Payment</th>
<th>Enrollees (as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$186 M</td>
<td>(51.7% of 898,624)</td>
</tr>
<tr>
<td>$180 M</td>
<td>(54.1% of 813,685)</td>
</tr>
</tbody>
</table>

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>464,734</td>
<td>84.0%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>440,598</td>
<td>64.8%</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>59.2%</td>
<td>22.5%</td>
<td>$1,601</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>56.1%</td>
<td>20.6%</td>
<td>$1,547</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>432,199</td>
<td>$1,255</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>411,160</td>
<td>$1,217</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.6M, was 81.3% of 0.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
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### A. Payments by Age and Type of Service**

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<tr>
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<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>2.1%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>5.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.9%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Cause Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22.5%</strong></td>
<td><strong>64.8%</strong></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$307</td>
<td>$498</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$273</td>
<td>$189</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$495</td>
<td>$720</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$130</td>
<td>$93</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$421</td>
<td>$612</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,922</td>
<td>$3,774</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$65,984</td>
<td>$66,580</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$43,321</td>
<td>$28,077</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$13,459</td>
<td>$3,944</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$349</td>
<td>$796</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$749</td>
<td>$2,611</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$133</td>
<td>$317</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$417</td>
<td>$2,081</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Primary Care Cause Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$132</td>
<td>$1,882</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$512</td>
<td>$1,106</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,916</strong></td>
<td><strong>$7,645</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO</td>
<td>61.5%</td>
<td>61.6%</td>
</tr>
<tr>
<td></td>
<td>73.0%</td>
<td>73.1%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures****

|        | 1,205,751            | $4,887M             |

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

( % of Total Medicaid Enrollment, 06/30/2004)  
432,339  
(44.4% of 974,310^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

44.9%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

|        | $625 M               | $556 M              |

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>685,309</td>
<td>(42.0% of 1,664,749)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>645,979</td>
<td>(43.0% of 1,501,127)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>238,365</td>
<td>(52.0% of 456,597)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>41,054</td>
<td>(53.5% of 76,699)</td>
</tr>
<tr>
<td>Infants</td>
<td>197,311</td>
<td>(51.9% of 379,898)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>407,614</td>
<td>(39.0% of 1,044,530)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>296,089</td>
<td>(41.4% of 715,314)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>111,525</td>
<td>(33.9% of 329,216)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>39,330</td>
<td>(24.0% of 163,622)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees~</th>
<th>% Total Expenditures~</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>56.8%</td>
<td>24.3%</td>
<td>$1,735</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>53.6%</td>
<td>22.6%</td>
<td>$1,710</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>19.8%</td>
<td>9.4%</td>
<td>$1,923</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>3.4%</td>
<td>3.1%</td>
<td>$3,652</td>
</tr>
<tr>
<td>Infants</td>
<td>16.4%</td>
<td>6.3%</td>
<td>$1,563</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>33.8%</td>
<td>13.2%</td>
<td>$1,586</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>24.6%</td>
<td>8.1%</td>
<td>$1,331</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>9.2%</td>
<td>5.2%</td>
<td>$2,262</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>3.3%</td>
<td>1.7%</td>
<td>$2,137</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>43.2%</td>
<td>75.2%</td>
<td>$7,065</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>8.4%</td>
<td>25.4%</td>
<td>$12,274</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>676,961</td>
<td>$1,616</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>640,756</td>
<td>$1,627</td>
</tr>
</tbody>
</table>

---

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  
^ Includes Primary Care Case Management.  
^^ Point-in-time enrollment on 06/30/04, at 1.0M, was 80.8% of 1.2M total annual enrollment state(s) reported to CMS for FY 2004.  
^^^ Data for AL is from 2000 and not included in US or regional averages.  
## Disproportionate Share Hospital Payments.  
' Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  
' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.5%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>10.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Total~</strong></td>
<td><strong>24.3%</strong></td>
<td><strong>75.2%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$162</td>
<td>21.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$214</td>
<td>8.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$257</td>
<td>30.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$143</td>
<td>7.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$411</td>
<td>21.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,861</td>
<td>5.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$81,299</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$19,286</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$10,959</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,536</td>
<td>4.6%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$886</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$48</td>
<td>9.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$553</td>
<td>32.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,244</td>
<td>59.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,373</td>
<td>18.7%</td>
</tr>
<tr>
<td><strong>Total~</strong></td>
<td><strong>$1,853</strong></td>
<td><strong>93.6%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
**I. MEDICAID ENROLLEES AND EXPENDITURES**

**MONTANA**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 2004 Enrollees</th>
<th>As Proportion of Population</th>
<th>FY 2000-2004 Averaged DSH## Payment</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>65,145</td>
<td>(25.3% of 257,031)</td>
<td>$7 M</td>
<td>$2 M</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>58,030</td>
<td>(67.1% of 86,452)</td>
<td>$2,017</td>
<td></td>
</tr>
</tbody>
</table>

**A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>FMAP</th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.9%</td>
<td>69.1%</td>
<td>81.0%</td>
</tr>
</tbody>
</table>

**B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>113,073</td>
<td>/ $585M</td>
</tr>
</tbody>
</table>

**C. Total Medicaid Managed Care Enrollment, 06/30/2004**

<table>
<thead>
<tr>
<th>Infants</th>
<th>Ages 1 through 5</th>
<th>Ages 6 through 18</th>
<th>Ages 6 through 14</th>
<th>Ages 15 through 18</th>
<th>Ages 19 and 20</th>
<th>Ages 19 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,173</td>
<td>21,644</td>
<td>34,864</td>
<td>25,325</td>
<td>9,539</td>
<td>3,464</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

**D. Percent of Births Paid for by Medicaid, 2002^^^**

<table>
<thead>
<tr>
<th>% Total</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.4%</td>
<td>$2,537</td>
</tr>
</tbody>
</table>

**E. FY 2004 and FY 2000-2004 Averaged DSH## Payment**

<table>
<thead>
<tr>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(25.3% of 257,031)</td>
</tr>
</tbody>
</table>

**F. Enrollee through Age 20, FY 2004**

<table>
<thead>
<tr>
<th>Through Age 18</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 5</td>
<td>26,817</td>
</tr>
<tr>
<td>Infants</td>
<td>5,173</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>21,644</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>34,864</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>25,325</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>9,539</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3,464</td>
</tr>
</tbody>
</table>

**G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004**

<table>
<thead>
<tr>
<th>Age 21 or Older</th>
<th>Age 65 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>57.6%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>54.5%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>23.7%</td>
</tr>
<tr>
<td>Infants</td>
<td>4.6%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>19.1%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>30.8%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>22.4%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.4%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.1%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>42.4%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

**H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>62,417</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>59,363</td>
</tr>
</tbody>
</table>

Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 76.5% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>1.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.8%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>5.6%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.5%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>8.6%</td>
<td>9.2%</td>
</tr>
<tr>
<td><strong>Total~~</strong></td>
<td><strong>28.3%</strong></td>
<td><strong>68.0%</strong></td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$398 62.0%</td>
<td>$682 67.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$273 23.9%</td>
<td>$347 15.0%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$683 17.3%</td>
<td>$1,803 17.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$607 21.2%</td>
<td>$261 28.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$389 42.4%</td>
<td>$690 55.9%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,663 10.8%</td>
<td>$3,841 19.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$165,140 &lt;.05%</td>
<td>$160,145 0.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$13,101 &lt;.05%</td>
<td>$23,146 10.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$32,824 0.7%</td>
<td>$54,362 0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$236 22.5%</td>
<td>$1,502 35.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$605 0.1%</td>
<td>$1,161 0.9%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$58 5.7%</td>
<td>$83 15.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$422 54.1%</td>
<td>$2,354 72.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA 0.0%</td>
<td>NA 0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$26 80.4%</td>
<td>$24 47.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA 0.0%</td>
<td>$124 &lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$918 83.7%</td>
<td>$1,584 71.0%</td>
</tr>
<tr>
<td><strong>Total~~</strong></td>
<td><strong>$2,705 93.8%</strong></td>
<td><strong>$8,961 92.6%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

**NEBRASKA**

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>Number of Enrollees</th>
<th>As Proportion of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20, FY 2004</td>
<td>164,407</td>
<td>31.4% of 523,539</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>157,422</td>
<td>33.4% of 471,076</td>
</tr>
<tr>
<td>Through Age 18, Through Age 5</td>
<td>67,251</td>
<td>45.3% of 148,306</td>
</tr>
<tr>
<td>Infants</td>
<td>14,027</td>
<td>55.5% of 25,285</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>53,224</td>
<td>43.3% of 123,021</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>90,171</td>
<td>27.9% of 322,770</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>66,218</td>
<td>30.0% of 220,509</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>23,953</td>
<td>23.4% of 102,261</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>6,985</td>
<td>13.3% of 52,463</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>63.0%</td>
<td>26.9%</td>
<td>$2,201</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>60.3%</td>
<td>25.5%</td>
<td>$2,178</td>
</tr>
<tr>
<td>Through Age 18, Through Age 5</td>
<td>25.8%</td>
<td>11.2%</td>
<td>$2,233</td>
</tr>
<tr>
<td>Infants</td>
<td>5.4%</td>
<td>5.2%</td>
<td>$5,034</td>
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<tr>
<td>Ages 1 through 5</td>
<td>20.4%</td>
<td>5.9%</td>
<td>$1,495</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>34.6%</td>
<td>14.3%</td>
<td>$2,137</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>25.4%</td>
<td>8.4%</td>
<td>$1,710</td>
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<tr>
<td>Ages 15 through 18</td>
<td>9.2%</td>
<td>5.9%</td>
<td>$3,319</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.7%</td>
<td>1.4%</td>
<td>$2,720</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>34.6%</td>
<td>59.9%</td>
<td>$8,922</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>9.1%</td>
<td>26.4%</td>
<td>$14,906</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>160,212</td>
<td>$1,954</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>153,886</td>
<td>$1,956</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.2M, was 79.2% of 0.3M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>2.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>5.1%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.8%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.6%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>2.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total~</td>
<td>26.9%</td>
<td>59.9%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$463 65.1%</td>
<td>$619 65.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$260 40.1%</td>
<td>$337 35.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$1,093 20.3%</td>
<td>$606 24.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$157 20.7%</td>
<td>$236 41.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$439 35.2%</td>
<td>$888 48.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$58,761 &lt;.05%</td>
<td>$92,565 0.7%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$74,771 &lt;.05%</td>
<td>$25,415 11.9%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$27,091 0.8%</td>
<td>$3,316 0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$764 7.7%</td>
<td>$3,035 11.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,916 1.8%</td>
<td>$6,159 2.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$139 22.4%</td>
<td>$313 26.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$414 71.2%</td>
<td>$2,412 81.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,053 18.5%</td>
<td>$2,883 11.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$16 23.5%</td>
<td>$15 13.7%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$2,388 0.4%</td>
<td>$1,980 0.6%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$569 13.1%</td>
<td>$1,295 33.8%</td>
</tr>
<tr>
<td>Total</td>
<td>$2,391 92.1%</td>
<td>$9,854 90.5%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd505.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

**NEVADA**

AZ, CO, ID, MT, NM, NV, UT & WY make up the Mountain Region

| A. Federal Medical Assistance Percentage (FMAP)** | 54.9%, 68.5%, 53.9%, 67.8% |  (FY04 FMAP, Enhanced) | (FY07 FMAP, Enhanced) |
| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 256,841 / $806M |
| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 89,846 |

( % of Total Medicaid Enrollment, 06/30/2004) (53.1% of 169,334^^)

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 32.2% |
| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $79 M / $75 M |
| F. Enrollee through Age 20, FY 2004 | Enrollees | (as Proportion of Population) |
| Through Age 20 | 153,307 | (23.0% of 666,552) |
| Through Age 18 | 146,705 | (24.1% of 608,486) |
| Through Age 5 | 67,347 | (33.9% of 198,795) |
| Infants | 13,939 | (41.2% of 33,846) |
| Ages 1 through 5 | 53,408 | (32.4% of 164,949) |
| Ages 6 through 18 | 79,358 | (19.4% of 409,991) |
| Ages 6 through 14 | 60,742 | (20.9% of 290,250) |
| Ages 15 through 18 | 18,616 | (15.6% of 119,441) |
| Ages 19 and 20 | 6,602 | (11.4% of 58,066) |

**G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004**

| % Total | % Total | Per Enrollee |
| Enrollees~ | Expenditures~ | Payment |
| Through Age 20 | 59.7% | 30.8% | $1,618 |
| Through Age 18 | 57.1% | 28.8% | $1,580 |
| Through Age 5 | 26.2% | 14.2% | $1,694 |
| Infants | 5.4% | 4.0% | $2,324 |
| Ages 1 through 5 | 20.8% | 10.1% | $1,530 |
| Ages 6 through 18 | 30.9% | 14.6% | $1,483 |
| Ages 6 through 14 | 23.6% | 9.1% | $1,202 |
| Ages 15 through 18 | 7.2% | 5.5% | $2,399 |
| Ages 19 and 20 | 2.6% | 2.0% | $2,451 |
| Age 21 or Older | 40.3% | 67.1% | $5,226 |
| Age 65 or Older | 9.3% | 23.1% | $7,792 |

**H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

| Number of | Per Enrollee |
| Enrollees | Payment |
| Through Age 20 | 146,363 | $1,266 |
| Through Age 18 | 140,517 | $1,252 |

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.2M, was 65.9% of 0.3M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

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<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>5.5%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>3.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.1%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>10.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Total</td>
<td>30.8%</td>
<td>67.1%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$396</td>
<td>$696</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$440</td>
<td>$507</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$515</td>
<td>$1,022</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$219</td>
<td>$145</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$266</td>
<td>$659</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,315</td>
<td>$6,867</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$83,797</td>
<td>$105,236</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$44,891</td>
<td>$32,115</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$23,138</td>
<td>$2,417</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,856</td>
<td>$3,820</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$4,091</td>
<td>$1,137</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$632</td>
<td>$224</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$584</td>
<td>$2,191</td>
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<tr>
<td>Capitated Payment</td>
<td>$5,579</td>
<td>$598</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$224</td>
<td>$1,036</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$909</td>
<td>$1,275</td>
</tr>
<tr>
<td>Total</td>
<td>$1,750</td>
<td>$6,413</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ^ may include, but are not limited to, Home Health Care, Community Waiver, prosthetic devices and eyeglasses. ~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

<table>
<thead>
<tr>
<th>MEDICAID ENROLLEES AND EXPENDITURES</th>
<th>NEW HAMPSHIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></td>
<td>50.0%, 65.0%</td>
</tr>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
</tr>
<tr>
<td><strong>B. FY 2004 Total Medicaid Enrollment and Expenditures</strong>*</td>
<td>134,216</td>
</tr>
<tr>
<td><strong>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</strong></td>
<td>0</td>
</tr>
<tr>
<td>(<strong>% of Total Medicaid Enrollment, 06/30/2004)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>D. Percent of Births Paid for by Medicaid, 2002^^^</strong></td>
<td>21.4%</td>
</tr>
<tr>
<td><strong>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></td>
<td>$268 M</td>
</tr>
<tr>
<td><strong>F. Enrollee through Age 20, FY 2004</strong></td>
<td>Enrollees</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>83,667</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>80,140</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>28,866</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>5,090</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>23,776</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>51,274</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>37,328</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>13,946</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3,527</td>
</tr>
<tr>
<td><strong>G. Enrollment, Expenditures</strong>* and Per-enrollee Payment, by Age Group, FY 2004**</td>
<td>% Total Enrollees~</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>62.3%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>59.7%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>21.5%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>3.8%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>17.7%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>38.2%</td>
</tr>
<tr>
<td>Ages 6 through 15</td>
<td>27.8%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>10.4%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Age 21 or Older</strong></td>
<td>37.7%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.5%</td>
</tr>
<tr>
<td><strong>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment</strong></td>
<td>FY2004</td>
</tr>
<tr>
<td>Through Age 20</td>
<td>83,057</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>79,297</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 71.7% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. * Data unavailable.
<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
<th>PER-USER</th>
<th>% USE+</th>
<th>PER-USER</th>
<th>% USE+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$293</td>
<td>$523</td>
<td>63.1%</td>
<td>67.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>$352</td>
<td>$317</td>
<td>35.1%</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$2,622</td>
<td>$3,650</td>
<td>27.5%</td>
<td>29.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$242</td>
<td>$156</td>
<td>16.1%</td>
<td>23.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$632</td>
<td>$1,478</td>
<td>40.2%</td>
<td>42.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,041</td>
<td>$3,356</td>
<td>6.5%</td>
<td>16.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$71,564</td>
<td>NA</td>
<td>&lt;.05%</td>
<td>NA</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$32,747</td>
<td>$27,964</td>
<td>0.1%</td>
<td>13.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$7,403</td>
<td>$11,915</td>
<td>0.3%</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,458</td>
<td>$2,917</td>
<td>3.1%</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$3,621</td>
<td>$1,489</td>
<td>1.5%</td>
<td>2.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$42</td>
<td>$97</td>
<td>10.4%</td>
<td>15.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$418</td>
<td>$2,747</td>
<td>60.8%</td>
<td>77.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
<td>0.0%</td>
<td>NA</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
<td>0.0%</td>
<td>NA</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>NA</td>
<td>0.0%</td>
<td>NA</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$4,396</td>
<td>$10,819</td>
<td>10.0%</td>
<td>30.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$2,926</td>
<td>$14,175</td>
<td>84.9%</td>
<td>85.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ** Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report
### NEW JERSEY

#### FY 2004* (October 1, 2003 - September 30, 2004)

**I. MEDICAID* ENROLLEES AND EXPENDITURES**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>Enrollees (as Proportion of Population)</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>550,025</td>
<td>(22.8% of 2,415,191)</td>
<td>55.6%</td>
<td>18.5%</td>
<td>$2,224</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>523,124</td>
<td>(23.7% of 2,205,867)</td>
<td>52.9%</td>
<td>17.1%</td>
<td>$2,162</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>217,813</td>
<td>(31.5% of 691,117)</td>
<td>22.0%</td>
<td>6.2%</td>
<td>$1,872</td>
</tr>
<tr>
<td>Infants</td>
<td>38,574</td>
<td>(33.4% of 115,543)</td>
<td>3.9%</td>
<td>1.0%</td>
<td>$1,800</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>179,239</td>
<td>(31.1% of 575,574)</td>
<td>18.1%</td>
<td>5.1%</td>
<td>$1,888</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>305,599</td>
<td>(20.2% of 1,514,750)</td>
<td>30.9%</td>
<td>10.9%</td>
<td>$2,369</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>226,028</td>
<td>(21.1% of 1,071,199)</td>
<td>22.9%</td>
<td>6.8%</td>
<td>$1,983</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>79,571</td>
<td>(17.9% of 443,551)</td>
<td>8.0%</td>
<td>4.2%</td>
<td>$3,467</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>26,613</td>
<td>(12.7% of 209,324)</td>
<td>2.7%</td>
<td>1.4%</td>
<td>$3,430</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>44.4%</td>
<td>79.8%</td>
<td>$12,058</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>14.5%</td>
<td>34.8%</td>
<td>$16,107</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>521,150</td>
<td>$1,756</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>498,010</td>
<td>$1,729</td>
</tr>
</tbody>
</table>

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### II. Medicaid Service Utilization

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;0.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.9%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;0.05%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.5%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.9%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>8.7%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18.5%</td>
<td>79.8%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$205</td>
<td>12.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$199</td>
<td>2.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$673</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$66</td>
<td>1.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$1,312</td>
<td>12.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,907</td>
<td>3.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$97,407</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$126,868</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$58,178</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$7,166</td>
<td>3.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,333</td>
<td>0.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$56</td>
<td>5.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$840</td>
<td>13.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,200</td>
<td>87.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$4,472</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$3,311</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,355</td>
<td>94.4%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msissdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### NEW MEXICO

*AZ, CO, ID, MT, NM, NV, UT & WY make up the Mountain Region*

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>74.9%</th>
<th>82.4%</th>
<th>71.9%</th>
<th>80.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY04</td>
<td>FMAP, Enhanced</td>
<td>FY07 FMAP, Enhanced</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

|        | 511,778 | $2,278M |

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th></th>
<th>273,018</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of Total Medicaid Enrollment, 06/30/2004)</td>
<td>(64.9% of 420,935^^)</td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

|        | 66.8% |

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

|       | $23 M | $14 M |

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>327,093</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>310,594</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>116,191</td>
</tr>
<tr>
<td>Infants</td>
<td>19,555</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>96,636</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>194,403</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>140,714</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>53,689</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>16,499</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>63.9%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>60.7%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>22.7%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Infants</td>
<td>3.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>18.9%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>38.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>27.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>10.5%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>36.1%</td>
<td>57.8%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>6.4%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrolllees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>Number of Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
</tr>
<tr>
<td>Through Age 18</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.4M, was 62.2% of 0.5M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.0%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.9%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>26.1%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.6%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Total~</td>
<td>34.7%</td>
<td>57.8%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21 Per-user</th>
<th>%Use+</th>
<th>ADULTS Per-user</th>
<th>%Use+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$288</td>
<td>12.2%</td>
<td>$389</td>
<td>31.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$410</td>
<td>4.9%</td>
<td>$531</td>
<td>4.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$279</td>
<td>3.2%</td>
<td>$499</td>
<td>8.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$146</td>
<td>2.8%</td>
<td>$151</td>
<td>9.0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$731</td>
<td>16.6%</td>
<td>$1,139</td>
<td>18.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,407</td>
<td>2.9%</td>
<td>$3,733</td>
<td>8.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$5,101</td>
<td>&lt;.05%</td>
<td>$73,643</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>NA</td>
<td>0.0%</td>
<td>$27,296</td>
<td>3.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$16,928</td>
<td>0.4%</td>
<td>$10,500</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,055</td>
<td>7.4%</td>
<td>$9,059</td>
<td>11.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$597</td>
<td>0.1%</td>
<td>$1,168</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$87</td>
<td>4.6%</td>
<td>$120</td>
<td>24.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$141</td>
<td>13.1%</td>
<td>$1,620</td>
<td>33.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$2,274</td>
<td>80.0%</td>
<td>$5,012</td>
<td>45.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
<td>$312</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$2,217</td>
<td>5.0%</td>
<td>$9,076</td>
<td>15.8%</td>
</tr>
<tr>
<td>Total~</td>
<td>$2,571</td>
<td>93.9%</td>
<td>$8,578</td>
<td>83.1%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ’na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
<th>Through Age 15 through 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>Expenditures</td>
<td>Payment</td>
</tr>
<tr>
<td>2,112,705</td>
<td>1,995,751</td>
<td>1,944</td>
</tr>
</tbody>
</table>

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>(FY04 FMAP, Enhanced)</th>
<th>(FY07 FMAP, Enhanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.0%, 65.0%</td>
<td>50.0%, 65.0%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,888,941</td>
<td>$37,273M</td>
</tr>
</tbody>
</table>

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

( % of Total Medicaid Enrollment, 06/30/2004)

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,341,733</td>
<td>(58.2% of 4,022,544^^)</td>
</tr>
</tbody>
</table>

### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40.3%</td>
</tr>
</tbody>
</table>

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,872 M</td>
<td>$2,582 M</td>
</tr>
</tbody>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollees (as Proportion of Population)</th>
<th>(39.0% of 5,423,233)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,949,751 (39.8% of 4,895,676)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,944 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 1 through 18</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>1,949 (32.4% of 6,024)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>43.2%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>39.9%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>15.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Infants</td>
<td>2.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>12.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>24.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>17.5%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>54.7%</td>
<td>82.9%</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>10.2%</td>
<td>30.6%</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Expenditures</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,995,751</td>
<td>$1,944</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,844,508</td>
<td>$1,947</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 4.0M, was 82.3% of 4.9M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
II. MEDICAID* SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.5%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.3%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>4.4%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Total~~</td>
<td>15.3%</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$196</td>
<td>15.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$388</td>
<td>18.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$815</td>
<td>15.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$37</td>
<td>1.9%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$584</td>
<td>19.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,895</td>
<td>9.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$263,258</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$75,783</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$28,795</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,954</td>
<td>8.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,751</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$67</td>
<td>8.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$407</td>
<td>57.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,050</td>
<td>74.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,809</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,805</td>
<td>10.1%</td>
</tr>
<tr>
<td>Total~~</td>
<td>$2,970</td>
<td>91.2%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.
** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. — Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na' Data unavailable. ‘NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.9%, 74.0%</td>
<td>64.5%, 75.2%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Through Age 20**: 1,526,268 / $7,388M
- **Ages 1 through 5**: 351,665
- **Ages 6 through 18**: 788,943

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- ( % of Total Medicaid Enrollment, 06/30/2004)
  - (70.9% of 1,112,341^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

- **44.0%**

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **$421 M / $413 M**

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 18</td>
<td>813,804</td>
<td>(36.2% of 2,245,667)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>813,804</td>
<td>(36.2% of 2,245,667)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>351,665</td>
<td>(50.1% of 701,768)</td>
</tr>
<tr>
<td>Infants</td>
<td>67,650</td>
<td>(56.0% of 120,757)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>284,015</td>
<td>(48.9% of 581,011)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>462,139</td>
<td>(29.9% of 1,543,899)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>340,857</td>
<td>(32.3% of 1,054,390)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>121,282</td>
<td>(24.8% of 489,509)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>46,211</td>
<td>(20.3% of 227,829)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 18</td>
<td>53.3%</td>
<td>25.2%</td>
<td>$2,288</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>23.0%</td>
<td>9.4%</td>
<td>$1,975</td>
</tr>
<tr>
<td>Infants</td>
<td>4.4%</td>
<td>2.8%</td>
<td>$3,028</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>18.6%</td>
<td>6.6%</td>
<td>$1,724</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>30.3%</td>
<td>15.8%</td>
<td>$2,527</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>22.3%</td>
<td>9.8%</td>
<td>$2,117</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.9%</td>
<td>6.0%</td>
<td>$3,677</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.0%</td>
<td>2.1%</td>
<td>$3,419</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>43.7%</td>
<td>71.9%</td>
<td>$7,978</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.8%</td>
<td>25.6%</td>
<td>$10,507</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>812,718</td>
<td>$1,709</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>771,153</td>
<td>$1,672</td>
</tr>
</tbody>
</table>

**Notes:** * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 1.1M, was 72.9% of 1.5M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
**II. MEDICAID\* SERVICE UTILIZATION**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Payments by Age and Type of Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Services</td>
<td>3.8%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.5%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>4.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.4%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>6.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27.3%</strong></td>
<td><strong>71.9%</strong></td>
</tr>
</tbody>
</table>

**B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$442</td>
<td>74.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$418</td>
<td>29.9%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$297</td>
<td>43.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$163</td>
<td>11.9%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$494</td>
<td>40.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,465</td>
<td>10.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$76,064</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$44,540</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$12,822</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,207</td>
<td>9.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$5,357</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$83</td>
<td>46.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$477</td>
<td>64.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$524</td>
<td>2.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$40</td>
<td>86.8%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$2,248</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$2,758</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,445</strong></td>
<td><strong>96.1%</strong></td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. \^ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 2004 Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>39,981</td>
<td>(21.6% of 185,099)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>37,574</td>
<td>(22.8% of 164,798)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>16,173</td>
<td>(36.1% of 44,817)</td>
</tr>
<tr>
<td>Infants</td>
<td>3,075</td>
<td>(40.5% of 7,599)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>13,098</td>
<td>(35.2% of 37,218)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>21,401</td>
<td>(17.8% of 119,981)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>15,835</td>
<td>(20.4% of 77,688)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>5,566</td>
<td>(13.2% of 42,293)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2,407</td>
<td>(11.9% of 20,301)</td>
</tr>
</tbody>
</table>

## F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>39,981</td>
<td>(21.6% of 185,099)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>37,574</td>
<td>(22.8% of 164,798)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>16,173</td>
<td>(36.1% of 44,817)</td>
</tr>
<tr>
<td>Infants</td>
<td>3,075</td>
<td>(40.5% of 7,599)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>13,098</td>
<td>(35.2% of 37,218)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>21,401</td>
<td>(17.8% of 119,981)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>15,835</td>
<td>(20.4% of 77,688)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>5,566</td>
<td>(13.2% of 42,293)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2,407</td>
<td>(11.9% of 20,301)</td>
</tr>
</tbody>
</table>

## G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>53.3%</td>
<td>18.0%</td>
<td>$2,145</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>50.1%</td>
<td>16.5%</td>
<td>$2,093</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>21.6%</td>
<td>6.1%</td>
<td>$1,813</td>
</tr>
<tr>
<td>Infants</td>
<td>4.1%</td>
<td>1.7%</td>
<td>$2,666</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17.5%</td>
<td>4.4%</td>
<td>$1,613</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>28.5%</td>
<td>10.3%</td>
<td>$2,304</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>21.1%</td>
<td>5.9%</td>
<td>$1,772</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.4%</td>
<td>4.5%</td>
<td>$3,818</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.2%</td>
<td>1.5%</td>
<td>$2,960</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>46.7%</td>
<td>79.9%</td>
<td>$10,889</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>12.9%</td>
<td>37.1%</td>
<td>$18,362</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>12.9%</td>
<td>37.1%</td>
<td>$18,362</td>
</tr>
</tbody>
</table>

## H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>38,892</td>
<td>$1,766</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>36,649</td>
<td>$1,747</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 69.9% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>1.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>4.6%</td>
<td>15.9%</td>
</tr>
<tr>
<td><strong>Total~~</strong></td>
<td>18.0%</td>
<td>79.9%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$71</td>
<td>26.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$315</td>
<td>27.0%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$257</td>
<td>32.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$89</td>
<td>15.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$663</td>
<td>40.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,145</td>
<td>10.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$91,906</td>
<td>0.2%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$21,692</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$15,872</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,963</td>
<td>6.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,060</td>
<td>2.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$47</td>
<td>11.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$395</td>
<td>55.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$692</td>
<td>2.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$16</td>
<td>68.5%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$22</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$850</td>
<td>64.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,330</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### OHIO

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,139,998</td>
<td>(34.4% of 3,311,271)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,074,645</td>
<td>(35.8% of 2,998,171)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>405,802</td>
<td>(44.6% of 910,681)</td>
</tr>
<tr>
<td>Infants</td>
<td>68,924</td>
<td>(45.7% of 150,869)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>336,878</td>
<td>(44.3% of 759,812)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>668,843</td>
<td>(32.0% of 2,087,490)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>492,271</td>
<td>(33.9% of 1,450,342)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>176,572</td>
<td>(27.7% of 637,148)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>65,353</td>
<td>(20.9% of 313,100)</td>
</tr>
</tbody>
</table>

###atted enrollle Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>57.1%</td>
<td>20.1%</td>
<td>$2,005</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>53.8%</td>
<td>18.3%</td>
<td>$1,934</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>20.3%</td>
<td>7.4%</td>
<td>$2,068</td>
</tr>
<tr>
<td>Infants</td>
<td>3.5%</td>
<td>2.3%</td>
<td>$3,854</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.9%</td>
<td>5.0%</td>
<td>$1,702</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>33.5%</td>
<td>10.9%</td>
<td>$1,852</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>24.7%</td>
<td>7.3%</td>
<td>$1,676</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.8%</td>
<td>3.6%</td>
<td>$2,344</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.3%</td>
<td>1.8%</td>
<td>$3,183</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>42.9%</td>
<td>79.8%</td>
<td>$10,598</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>8.0%</td>
<td>29.7%</td>
<td>$21,212</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,089,294</td>
<td>$1,564</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>1,029,658</td>
<td>$1,518</td>
</tr>
</tbody>
</table>

### Notes:
- *Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- **Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- ***Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^Includes Primary Care Case Management.
- ^^Point-in-time enrollment on 06/30/04, at 1.6M, was 82.4% of 2.0M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^Data for AL is from 2000 and not included in US or regional averages.
- ##Disproportionate Share Hospital Payments.
- ~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- **'Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>3.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.3%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>5.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.9%</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20.1%</td>
<td>79.8%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$284 48.1%</td>
<td>$651 64.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$222 20.4%</td>
<td>$353 23.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$215 13.0%</td>
<td>$701 12.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$77 10.3%</td>
<td>$98 25.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$357 32.4%</td>
<td>$690 49.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,435 6.4%</td>
<td>$6,534 17.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$85,160 &lt;0.05%</td>
<td>$82,236 0.9%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$24,762 &lt;0.05%</td>
<td>$32,464 9.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$4,912 0.1%</td>
<td>$6,593 &lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,955 19.0%</td>
<td>$2,572 25.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,887 1.0%</td>
<td>$4,054 3.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$161 32.9%</td>
<td>$566 44.9%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$515 44.1%</td>
<td>$2,803 67.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,184 44.0%</td>
<td>$2,461 22.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA 0.0%</td>
<td>NA 0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,227 &lt;0.05%</td>
<td>$1,950 1.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$748 12.6%</td>
<td>$3,318 36.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,164 92.7%</td>
<td>$11,626 91.2%</td>
</tr>
</tbody>
</table>

---

** Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ’na’ Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### OKLAHOMA

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>70.2%, 79.2%</th>
<th>68.1%, 77.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees**: 683,702
- **Expenditures**: $2,335M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- **Enrollees**: 354,110
- **% Total Enrollees**: 68.2% of 518,926^^

#### D. Percent of Births Paid for by Medicaid, 2002^^^

- **47.7%**

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **$27 M**
- **$24 M**

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 5</td>
<td>181,663 (62.1% of 292,309)</td>
</tr>
<tr>
<td>Infants</td>
<td>33,851 (66.3% of 51,061)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>147,812 (61.3% of 241,248)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>259,860 (40.0% of 648,955)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>191,922 (43.3% of 443,175)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>67,938 (33.0% of 205,780)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>20,162 (19.3% of 104,698)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Total Enrollees</td>
<td>% Total Expenditures</td>
</tr>
<tr>
<td>67.5%</td>
<td>33.1%</td>
</tr>
<tr>
<td>64.6%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Enrollees</td>
<td>Per Enrollee Payment</td>
</tr>
<tr>
<td>448,026</td>
<td>$1,425</td>
</tr>
<tr>
<td>429,680</td>
<td>$1,410</td>
</tr>
</tbody>
</table>

---

**Notes:**

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.5M, was 75.9% of 0.7M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>7.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.6%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>4.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>4.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.2%</td>
<td>11.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>33.1%</td>
<td>66.3%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$294</td>
<td>$493</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$436</td>
<td>$371</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$579</td>
<td>$1,606</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$146</td>
<td>$185</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$253</td>
<td>$381</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,501</td>
<td>$2,618</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$63,497</td>
<td>$54,940</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$15,912</td>
<td>$20,669</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$17,802</td>
<td>$1,418</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$962</td>
<td>$2,610</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$3,043</td>
<td>$566</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$55</td>
<td>$117</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$388</td>
<td>$1,842</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$266</td>
<td>$519</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$11</td>
<td>$13</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$338</td>
<td>$606</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,540</td>
<td>$5,349</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,755</td>
<td>$7,935</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ^ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
## Medicaid State Report

**FY 2004** *(October 1, 2003 - September 30, 2004)*

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>(FY04 FMAP, Enhanced)</th>
<th>(FY07 FMAP, Enhanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OREGON</td>
<td>60.8%, 72.6%</td>
<td>61.1%, 72.8%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

<table>
<thead>
<tr>
<th></th>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>590,236</td>
<td>$2,153M</td>
</tr>
</tbody>
</table>

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th></th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>345,410</td>
</tr>
</tbody>
</table>

| ( % of Total Medicaid Enrollment, 06/30/2004) | (80.9% of 426,905^^) |

#### D. Percent of Births Paid for by Medicaid, 2002^^^

<table>
<thead>
<tr>
<th></th>
<th>Percent of Births Paid for by Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37.8%</td>
</tr>
</tbody>
</table>

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

<table>
<thead>
<tr>
<th></th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$41 M</td>
</tr>
</tbody>
</table>

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>289,485</td>
<td>(29.2% of 992,987)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>271,538</td>
<td>(30.4% of 892,394)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>116,071</td>
<td>(42.3% of 274,564)</td>
</tr>
<tr>
<td>Infants</td>
<td>22,316</td>
<td>(49.6% of 44,975)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>93,755</td>
<td>(40.8% of 229,589)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>155,467</td>
<td>(25.2% of 617,830)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>113,513</td>
<td>(26.6% of 427,157)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>41,954</td>
<td>(22.0% of 190,673)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>17,947</td>
<td>(17.8% of 100,593)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>49.0%</td>
<td>26.5%</td>
<td>$1,972</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>46.0%</td>
<td>24.3%</td>
<td>$1,928</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>19.7%</td>
<td>9.7%</td>
<td>$1,804</td>
</tr>
<tr>
<td>Infants</td>
<td>3.8%</td>
<td>2.7%</td>
<td>$2,584</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>15.9%</td>
<td>7.0%</td>
<td>$1,619</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>26.3%</td>
<td>14.6%</td>
<td>$2,021</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.2%</td>
<td>9.8%</td>
<td>$1,854</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7.1%</td>
<td>4.8%</td>
<td>$2,474</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.0%</td>
<td>2.2%</td>
<td>$2,631</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>51.0%</td>
<td>72.4%</td>
<td>$5,181</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>8.5%</td>
<td>24.4%</td>
<td>$10,462</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrolllees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>279,633</td>
<td>$1,632</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>263,098</td>
<td>$1,612</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.4M, was 72.3% of 0.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>4.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>14.2%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.2%</td>
<td>15.5%</td>
</tr>
<tr>
<td><strong>Total</strong>~~</td>
<td>26.5%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$265</td>
<td>17.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$193</td>
<td>0.8%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$394</td>
<td>8.7%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$626</td>
<td>5.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$479</td>
<td>11.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$2,817</td>
<td>4.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$58,983</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$39,950</td>
<td>0.3%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,558</td>
<td>12.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$444</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$51</td>
<td>8.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$403</td>
<td>19.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,167</td>
<td>90.4%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$39</td>
<td>2.3%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$131</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,473</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>$2,118</td>
<td>93.1%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Hand and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004**  (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>1,013,149</td>
<td>(30.0% of 3,376,963)</td>
<td>347,843</td>
<td>(39.9% of 872,533)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>940,929</td>
<td>(30.8% of 3,050,726)</td>
<td>63,414</td>
<td>(44.3% of 143,306)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>347,843</td>
<td></td>
<td>63,414</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>347,843</td>
<td></td>
<td>63,414</td>
<td></td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>284,429</td>
<td></td>
<td>284,429</td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>593,086</td>
<td></td>
<td>593,086</td>
<td></td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>422,921</td>
<td></td>
<td>422,921</td>
<td></td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>170,165</td>
<td></td>
<td>170,165</td>
<td></td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>72,220</td>
<td>(22.1% of 326,237)</td>
<td>72,220</td>
<td>(22.1% of 326,237)</td>
</tr>
</tbody>
</table>

## G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total % Enrollees</th>
<th>Total % Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>53.6%</td>
<td>26.2%</td>
<td>$2,604</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>49.8%</td>
<td>24.0%</td>
<td>$2,563</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>18.4%</td>
<td>6.6%</td>
<td>$1,919</td>
</tr>
<tr>
<td>Infants</td>
<td>3.4%</td>
<td>0.9%</td>
<td>$1,418</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>15.0%</td>
<td>5.7%</td>
<td>$2,031</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>31.4%</td>
<td>17.3%</td>
<td>$2,941</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>22.4%</td>
<td>12.0%</td>
<td>$2,846</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>9.0%</td>
<td>5.4%</td>
<td>$3,176</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.8%</td>
<td>2.3%</td>
<td>$3,135</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>46.4%</td>
<td>71.5%</td>
<td>$8,204</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.7%</td>
<td>32.6%</td>
<td>$14,827</td>
</tr>
</tbody>
</table>

## H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>898,850</td>
<td>$1,713</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>835,660</td>
<td>$1,673</td>
</tr>
</tbody>
</table>

Notes:
* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
^ Includes Primary Care Case Management.
^^ Point-in-time enrollment on 06/30/04, at 1.6M, was 84.6% of 1.9M total annual enrollment state(s) reported to CMS for FY 2004.
^^^ Data for AL is from 2000 and not included in US or regional averages.
## Disproportionate Sh Hospital Payments.
~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.0%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>18.1%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>na</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$197</td>
<td>17.4%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$231</td>
<td>7.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$914</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$137</td>
<td>4.0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$187</td>
<td>8.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,646</td>
<td>2.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$99,356</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$33,519</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$17,430</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,440</td>
<td>4.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$17,504</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$104</td>
<td>9.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$598</td>
<td>17.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$2,396</td>
<td>75.1%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$29</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>na</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,458</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,730</td>
<td>95.4%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd105.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. *na* Data unavailable. *NA* Not applicable.
Rhode Island

I. Medicaid* Enrollees and Expenditures Through Age 20

A. Federal Medical Assistance Percentage (FMAP)**
   (FY04 FMAP, Enhanced) 56.0%, 69.2% 52.4%, 66.7%
   (FY07 FMAP, Enhanced)

B. FY 2004 Total Medicaid Enrollment and Expenditures***
   216,052 / $1,531M

C. Total Medicaid Managed Care^ Enrollment, 06/30/2004
   ( % of Total Medicaid Enrollment, 06/30/2004)
   124,921 (69.2% of 180,528^^)

D. Percent of Births Paid for by Medicaid, 2002^^^
   36.5%

E. FY 2004 and FY 2000-2004 Averaged DSH## Payment
   $109 M / $87 M

F. Enrollee through Age 20, FY 2004
   Enrollees (as Proportion of Population)
   Through Age 20 108,448 (35.8% of 302,890)
   Through Age 18 102,957 (37.5% of 274,256)
   Through Age 5 36,664 (48.3% of 75,961)
   Infants 6,356 (50.2% of 12,657)
   Ages 1 through 5 30,308 (47.9% of 63,304)
   Ages 6 through 18 66,293 (33.4% of 198,295)
   Ages 6 through 14 48,131 (35.6% of 135,205)
   Ages 15 through 18 18,162 (28.8% of 63,090)
   Ages 19 and 20 5,491 (19.2% of 28,634)

G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004
   % Total % Total Per Enrollee
   Enrollees– Expenditures– Payment
   Through Age 20 50.2% 28.6% $4,034
   Through Age 18 47.7% 26.0% $3,869
   Through Age 5 17.0% 6.7% $2,781
   Infants 2.9% 1.8% $4,292
   Ages 1 through 5 14.0% 4.9% $2,465
   Ages 6 through 18 30.7% 19.4% $4,471
   Ages 6 through 14 22.3% 10.2% $3,236
   Ages 15 through 18 8.4% 9.2% $7,743
   Ages 19 and 20 2.5% 2.6% $7,131
   Age 21 or Older 49.8% 70.8% $10,076
   Age 65 or Older 11.5% 28.2% $17,327

H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004
   Number of Per Enrollee
   Enrollees Payment
   Through Age 20 100,696 $3,001
   Through Age 18 95,997 $2,879

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.2M, was 83.6% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>CHILDREN Under 21</strong></th>
<th><strong>ADULTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>&lt;.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>33.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.9%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>0.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>9.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>11.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28.6%</td>
<td>70.8%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>CHILDREN Under 21</strong></th>
<th><strong>ADULTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$409 8.1%</td>
<td>$303 30.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$257 30.9%</td>
<td>$207 24.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$166 2.1%</td>
<td>$515 7.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$174 1.6%</td>
<td>$82 12.7%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$559 6.7%</td>
<td>$973 30.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$116,777 &lt;.05%</td>
<td>$173,498 &lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$74,397 &lt;.05%</td>
<td>$48,245 9.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$40,642 0.3%</td>
<td>$4,429 0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$3,161 12.4%</td>
<td>$7,188 13.9%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$576 3.9%</td>
<td>$5,830 3.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$57 2.8%</td>
<td>$186 14.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$583 9.1%</td>
<td>$3,265 44.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,464 90.6%</td>
<td>$2,485 47.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$7,079 23.5%</td>
<td>$788 18.9%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,919 &lt;.05%</td>
<td>$746 0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$7,079 23.5%</td>
<td>$788 18.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,167 96.8%</td>
<td>$11,068 91.0%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### SOUTH CAROLINA

<table>
<thead>
<tr>
<th>A. Federal Medical Assistance Percentage (FMAP)**</th>
<th>69.9%, 78.9%</th>
<th>69.5%, 78.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FY04 FMAP, Enhanced)</td>
<td>(FY07 FMAP, Enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 990,658 | $4,015M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 69,791 | (8.3% of 845,870^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 47.0% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $489 M | / | $406 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>543,494</td>
<td>(44.9% of 1,211,705)</td>
<td>Through Age 18</td>
<td>506,520</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>506,520</td>
<td>(46.2% of 1,096,814)</td>
<td>Through Age 5</td>
<td>188,498</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>188,498</td>
<td>(56.9% of 331,147)</td>
<td>Infants</td>
<td>32,634</td>
</tr>
<tr>
<td>Through Age 6 through 14</td>
<td>318,022</td>
<td>(41.5% of 765,677)</td>
<td>Ages 1 through 5</td>
<td>155,864</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>318,022</td>
<td>(41.5% of 765,677)</td>
<td>Ages 6 through 14</td>
<td>226,817</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>318,022</td>
<td>(41.5% of 765,677)</td>
<td>Ages 15 through 18</td>
<td>91,205</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>36,974</td>
<td>(32.2% of 114,891)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total</th>
<th>% Total</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>54.9%</td>
<td>24.6%</td>
<td>$1,818</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>51.1%</td>
<td>22.9%</td>
<td>$1,815</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>19.0%</td>
<td>8.7%</td>
<td>$1,858</td>
</tr>
<tr>
<td>Through Age 6 through 18</td>
<td>32.1%</td>
<td>14.2%</td>
<td>$1,790</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>15.7%</td>
<td>5.8%</td>
<td>$1,490</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>22.9%</td>
<td>8.6%</td>
<td>$1,522</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>9.2%</td>
<td>5.6%</td>
<td>$2,457</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>3.7%</td>
<td>1.7%</td>
<td>$1,860</td>
</tr>
<tr>
<td>Age 19 and 20</td>
<td>45.1%</td>
<td>52.3%</td>
<td>$4,692</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>14.3%</td>
<td>17.7%</td>
<td>$5,000</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>14.3%</td>
<td>17.7%</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
<th>Number of</th>
<th>Per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>514,887</td>
<td>$1,496</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>480,805</td>
<td>$1,503</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.8M, was 85.4% of 1.0M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. |
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>4.6%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.2%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>1.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Total~~</strong></td>
<td>24.6%</td>
<td>52.3%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$419</td>
<td>58.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$359</td>
<td>40.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$633</td>
<td>44.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$101</td>
<td>13.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$199</td>
<td>37.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,661</td>
<td>9.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$84,341</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$6,095</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$34,003</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,777</td>
<td>9.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,010</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$56</td>
<td>28.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$406</td>
<td>59.2%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$555</td>
<td>14.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$4</td>
<td>0.6%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$868</td>
<td>16.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$2,056</td>
<td>88.5%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisdtd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

| IA, KS, MN, MO, ND, NE & SD make up the West North Central Region |

| A. Federal Medical Assistance Percentage (FMAP)** | 65.7%, 76.0% | 62.9%, 74.0% |
| (FY04 FMAP, Enhanced) (FY07 FMAP, Enhanced) |

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 124,032 / $580M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 95,577 |
| ( % of Total Medicaid Enrollment, 06/30/2004) | (97.8% of 97,774^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 34.0% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $1 M / $1 M |

| F. Enrollee through Age 20, FY 2004 | Enrollees (as Proportion of Population) |
| Through Age 20 | 81,288 (35.0% of 232,401) |
| Through Age 18 | 77,351 (37.0% of 209,058) |
| Through Age 5 | 30,629 (48.9% of 62,672) |
| Infants | 5,585 (53.3% of 10,482) |
| Ages 1 through 5 | 25,044 (48.0% of 52,190) |
| Ages 6 through 18 | 46,722 (31.9% of 146,386) |
| Ages 6 through 14 | 33,787 (33.9% of 99,805) |
| Ages 15 through 18 | 12,935 (27.8% of 46,581) |
| Ages 19 and 20 | 3,937 (16.9% of 23,343) |

| G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004 | % Total Enrollees~ | % Total Expenditures~ | Per Enrollee Payment |
| Through Age 20 | 65.5% | 32.0% | $2,283 |
| Through Age 18 | 62.4% | 29.5% | $2,210 |
| Through Age 5 | 24.7% | 11.5% | $2,176 |
| Infants | 4.5% | 3.7% | $3,888 |
| Ages 1 through 5 | 20.2% | 7.7% | $1,794 |
| Ages 6 through 18 | 37.7% | 18.0% | $2,233 |
| Ages 6 through 14 | 27.2% | 9.9% | $1,695 |
| Ages 15 through 18 | 10.4% | 8.1% | $3,637 |
| Ages 19 and 20 | 3.2% | 2.5% | $3,711 |
| Age 21 or Older | 34.5% | 67.0% | $9,092 |
| Age 65 or Older | 9.9% | 26.8% | $12,621 |

| H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004 | Number of Enrollees | Per Enrollee Payment |
| Through Age 20 | 78,229 | $1,827 |
| Through Age 18 | 74,682 | $1,800 |

**Notes:**

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 78.8% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percent may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. | Data unavailable.
**II. MEDICAID SERVICE UTILIZATION**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>3.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>2.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>7.3%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>5.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.9%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.2%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.6%</td>
<td>11.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32.0%</strong></td>
<td><strong>67.0%</strong></td>
</tr>
</tbody>
</table>

**B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$364</td>
<td>55.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$529</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$628</td>
<td>35.6%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$155</td>
<td>34.6%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$511</td>
<td>34.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,285</td>
<td>9.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$85,637</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$4,305</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$32,860</td>
<td>0.6%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$4,413</td>
<td>9.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,763</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$86</td>
<td>23.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$428</td>
<td>55.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$67</td>
<td>100.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$27</td>
<td>56.6%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$752</td>
<td>14.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,283</strong></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
## Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

### I. MEDICAID* ENROLLEES AND EXPENDITURES

#### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th></th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64.4%</td>
<td>75.1%</td>
</tr>
<tr>
<td></td>
<td>63.7%</td>
<td>74.6%</td>
</tr>
</tbody>
</table>

#### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees**: 2,205,407
- **Total Expenditures**: $6,945M

#### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Total Medicaid Enrollment, 06/30/2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1,345,131</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>40.2% of 1,345,131</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>51.2% of 1,345,131</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>47.6% of 1,345,131</td>
</tr>
</tbody>
</table>

#### D. Percent of Births Paid for by Medicaid, 2002^^^**

- **Percent**: 47.6%

#### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **Payment**: $0

#### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>885,490</td>
<td>(52.7% of 1,681,047)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>809,452</td>
<td>(53.2% of 1,521,536)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>295,238</td>
<td>(62.6% of 471,463)</td>
</tr>
<tr>
<td>Infants</td>
<td>45,359</td>
<td>(56.9% of 79,707)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>249,879</td>
<td>(63.8% of 391,756)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>514,214</td>
<td>(49.0% of 1,050,073)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>361,662</td>
<td>(49.7% of 727,186)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>152,552</td>
<td>(47.2% of 322,887)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>76,038</td>
<td>(47.7% of 159,511)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>40.2%</td>
<td>20.0%</td>
<td>$1,567</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>36.7%</td>
<td>17.9%</td>
<td>$1,534</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>13.4%</td>
<td>6.1%</td>
<td>$1,435</td>
</tr>
<tr>
<td>Infants</td>
<td>2.1%</td>
<td>1.2%</td>
<td>$1,896</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>11.3%</td>
<td>4.9%</td>
<td>$1,351</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>23.3%</td>
<td>11.8%</td>
<td>$1,592</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>16.4%</td>
<td>7.0%</td>
<td>$1,346</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>6.9%</td>
<td>4.8%</td>
<td>$2,175</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.4%</td>
<td>2.1%</td>
<td>$1,914</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>59.8%</td>
<td>78.9%</td>
<td>$4,151</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>11.4%</td>
<td>19.6%</td>
<td>$5,418</td>
</tr>
</tbody>
</table>

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>809,361</td>
<td>$1,318</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>743,262</td>
<td>$1,285</td>
</tr>
</tbody>
</table>

Notes:
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 1.3M, was 61.0% of 2.2M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ## Disproportionate Share Hospital Payments.
- ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- ' Data unavailable.
### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>5.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.4%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.3%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>2.9%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>0.7%</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20.0%</td>
<td>78.9%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$607</td>
<td>$682</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$479</td>
<td>$896</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$288</td>
<td>$410</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$319</td>
<td>$380</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$461</td>
<td>$771</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,299</td>
<td>$3,738</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$53,239</td>
<td>$83,968</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$38,477</td>
<td>$19,447</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$5,575</td>
<td>$392</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$195</td>
<td>$436</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$6,482</td>
<td>$7,408</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$73</td>
<td>$166</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$415</td>
<td>$1,990</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$231</td>
<td>$304</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,162</td>
<td>$1,419</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$555</td>
<td>$1,037</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,615</td>
<td>$4,314</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. Medicaid* Enrollees and Expenditures

<table>
<thead>
<tr>
<th><strong>A. Federal Medical Assistance Percentage (FMAP)</strong></th>
<th>60.2%, 72.2%</th>
<th>60.8%, 72.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(FY04 FMAP, Enhanced)</strong></td>
<td><strong>(FY07 FMAP, Enhanced)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**B. FY 2004 Total Medicaid Enrollment and Expenditures****** | 3,878,183 | $13,214M |

**C. Total Medicaid Managed Care^ Enrollment, 06/30/2004** | 1,150,773 | (42.8% of 2,692,012^^) |

**D. Percent of Births Paid for by Medicaid, 2002^^^** | 49.2% |

**E. FY 2004 and FY 2000-2004 Averaged DSH## Payment** | $1,444 M / $1,420 M |

**F. Enrollee through Age 20, FY 2004**

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrollees</strong></td>
<td>2,672,469</td>
</tr>
<tr>
<td><strong>(as Proportion of Population)</strong></td>
<td>(39.5% of 6,509,853)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>2,570,936</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>1,213,673</td>
</tr>
<tr>
<td>Infants</td>
<td>242,870</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>970,803</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>1,357,283</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>1,027,920</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>329,343</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>101,533</td>
</tr>
</tbody>
</table>

**G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004**

<table>
<thead>
<tr>
<th>Through Age 20</th>
<th>Through Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Total Enrollees~</strong></td>
<td>68.9%</td>
</tr>
<tr>
<td><strong>(as Proportion of Population)</strong></td>
<td>(37.1% of 7,195,731)</td>
</tr>
<tr>
<td><strong>% Total Expenditures~</strong></td>
<td>37.9%</td>
</tr>
<tr>
<td><strong>Per Enrollee Payment</strong></td>
<td>$1,876</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>31.3%</td>
</tr>
<tr>
<td>Infants</td>
<td>6.3%</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>25.0%</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>35.0%</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>26.5%</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.5%</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Age 21 or Older</strong></td>
<td>31.1%</td>
</tr>
<tr>
<td><strong>Number of Enrollees</strong></td>
<td>2,581,604</td>
</tr>
<tr>
<td><strong>Per Enrollee Payment</strong></td>
<td>2,489,816</td>
</tr>
</tbody>
</table>

**H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment**

<table>
<thead>
<tr>
<th>FY2004</th>
<th><strong>Number of Enrollees</strong></th>
<th><strong>Per Enrollee Payment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>2,581,604</td>
<td>$1,541</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>2,489,816</td>
<td>$1,526</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
*** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 2.7M, was 69.4% of 3.9M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>3.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.4%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>8.8%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.1%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.3%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>5.2%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.8%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.2%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Total~</td>
<td>37.9%</td>
<td>60.8%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th></th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-user</td>
<td>%Use+</td>
<td>Per-user</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$344</td>
<td>54.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$281</td>
<td>42.0%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$278</td>
<td>8.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$226</td>
<td>12.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$244</td>
<td>22.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,559</td>
<td>9.6%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$50,983</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$38,744</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$8,449</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,324</td>
<td>7.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$2,560</td>
<td>3.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$199</td>
<td>49.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$369</td>
<td>70.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$894</td>
<td>43.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$20</td>
<td>17.5%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,522</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$412</td>
<td>13.9%</td>
</tr>
<tr>
<td>Total~</td>
<td>$2,003</td>
<td>93.7%</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

## I. MEDICAID* ENROLLEES AND EXPENDITURES

| A. Federal Medical Assistance Percentage (FMAP)** | 71.7%, 80.2% | 70.1%, 79.1% |
| (FY04 FMAP, Enhanced) | (FY07 FMAP, Enhanced) |

| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 295,299 / $1,356M |

| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 167,338 |
| ( % of Total Medicaid Enrollment, 06/30/2004) | (88.6% of 188,839^^) |

| D. Percent of Births Paid for by Medicaid, 2002^^^ | 31.8% |

| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $14 M / $9 M |

<table>
<thead>
<tr>
<th>F. Enrollee through Age 20, FY 2004</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>175,777</td>
<td>(19.8% of 886,065)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>168,184</td>
<td>(21.0% of 799,803)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>92,365</td>
<td>(35.5% of 260,065)</td>
</tr>
<tr>
<td>Infants</td>
<td>20,626</td>
<td>(44.4% of 46,483)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>71,739</td>
<td>(33.6% of 213,582)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>75,819</td>
<td>(14.0% of 539,738)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>57,281</td>
<td>(15.7% of 364,069)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>18,538</td>
<td>(10.6% of 175,669)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>7,593</td>
<td>(8.8% of 86,262)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</th>
<th>% Total Enrollees~</th>
<th>% Total Expenditures~</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>59.5%</td>
<td>25.8%</td>
<td>$1,987</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>57.0%</td>
<td>23.8%</td>
<td>$1,921</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>31.3%</td>
<td>10.7%</td>
<td>$1,569</td>
</tr>
<tr>
<td>Infants</td>
<td>7.0%</td>
<td>4.4%</td>
<td>$2,883</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>24.3%</td>
<td>6.3%</td>
<td>$1,191</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>25.7%</td>
<td>13.1%</td>
<td>$2,349</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.4%</td>
<td>7.1%</td>
<td>$1,681</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>6.3%</td>
<td>6.0%</td>
<td>$4,413</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.6%</td>
<td>1.9%</td>
<td>$3,457</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>40.5%</td>
<td>49.2%</td>
<td>$5,577</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>4.9%</td>
<td>10.6%</td>
<td>$10,036</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>170,651</td>
<td>$1,541</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>163,748</td>
<td>$1,522</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.2M, was 63.9% of 0.3M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
## II. MEDICAID^* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>5.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>6.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.5%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.7%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>2.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>3.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25.8%</strong></td>
<td><strong>49.2%</strong></td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$257</td>
<td>$331</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$260</td>
<td>$184</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$915</td>
<td>$506</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$97</td>
<td>$104</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$682</td>
<td>$1,301</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$5,171</td>
<td>$6,733</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$47,019</td>
<td>$66,542</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$65,627</td>
<td>$20,174</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$105,956</td>
<td>$86,345</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,319</td>
<td>$1,042</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$6,732</td>
<td>$2,466</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$98</td>
<td>$178</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$348</td>
<td>$1,853</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$169</td>
<td>$702</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$3,347</td>
<td>$2,238</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$3,072</td>
<td>$6,299</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,039</strong></td>
<td><strong>$6,075</strong></td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.  ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report.  ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses.  ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data.  + Sum of percents may exceed 100% since enrollees may use multiple services.  ^ for the mentally retarded.  'na' Data unavailable.  'NA' Not applicable.
# Medicaid State Report
## FY 2004* (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### VERMONT

<table>
<thead>
<tr>
<th>Number</th>
<th>Enrollment Expenditures***</th>
</tr>
</thead>
<tbody>
<tr>
<td>163,595</td>
<td>$744M</td>
</tr>
</tbody>
</table>

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>73,901</td>
<td>(42.2% of 174,922)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>69,689</td>
<td>(44.2% of 157,518)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>69,689</td>
<td>(44.2% of 157,518)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>23,080</td>
<td>(56.2% of 41,063)</td>
</tr>
<tr>
<td>Infants</td>
<td>3,774</td>
<td>(58.8% of 6,419)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>19,306</td>
<td>(55.7% of 34,644)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>46,609</td>
<td>(40.0% of 116,455)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>33,197</td>
<td>(42.1% of 78,926)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>13,412</td>
<td>(35.7% of 37,529)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>4,212</td>
<td>(24.2% of 17,404)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>45.2%</td>
<td>29.7%</td>
<td>$2,993</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>42.6%</td>
<td>27.4%</td>
<td>$2,924</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>14.1%</td>
<td>5.9%</td>
<td>$1,912</td>
</tr>
<tr>
<td>Infants</td>
<td>2.3%</td>
<td>1.2%</td>
<td>$2,292</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>11.8%</td>
<td>4.8%</td>
<td>$1,837</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>28.5%</td>
<td>21.4%</td>
<td>$3,425</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>20.3%</td>
<td>13.3%</td>
<td>$2,986</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.2%</td>
<td>8.1%</td>
<td>$4,513</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2.6%</td>
<td>2.3%</td>
<td>$4,141</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>71,185</td>
<td>$2,225</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>67,415</td>
<td>$2,229</td>
</tr>
</tbody>
</table>

## Notes:
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 79.9% of 0.2M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ## Disproportionate Share Hospital Payments.
- ~ Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>2.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.3%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.8%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>14.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>29.7%</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$310</td>
<td>$499</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$285</td>
<td>$248</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$428</td>
<td>$444</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$687</td>
<td>$424</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$457</td>
<td>$872</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$7,043</td>
<td>$4,600</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>NA</td>
<td>$78,417</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$54,770</td>
<td>$26,398</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$1,404</td>
<td>$3,146</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,119</td>
<td>$690</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,863</td>
<td>$2,336</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$90</td>
<td>$213</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$446</td>
<td>$2,025</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$165</td>
<td>$1,183</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$4,927</td>
<td>$6,627</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,364</td>
<td>$6,667</td>
</tr>
</tbody>
</table>

---

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| A. Federal Medical Assistance Percentage (FMAP)** | 50.0%, 65.0% | 50.0%, 65.0% |
| B. FY 2004 Total Medicaid Enrollment and Expenditures*** | 821,256 / $3,574M |
| C. Total Medicaid Managed Care^ Enrollment, 06/30/2004 | 398,871 (65.7% of 607,493^^) |
| D. Percent of Births Paid for by Medicaid, 2002^^^ | 31.2% |
| E. FY 2004 and FY 2000-2004 Averaged DSH## Payment | $114 M / $170 M |
| F. Enrollee through Age 20, FY 2004 | Enrollees (as Proportion of Population) |
| Through Age 20 | 496,821 (23.2% of 2,143,250) |
| Through Age 18 | 474,588 (24.5% of 1,937,457) |
| Through Age 18 | 37,308 (36.9% of 100,969) |
| Through Age 18 | 154,460 (32.5% of 474,563) |
| Ages 6 through 18 | 282,820 (20.8% of 1,361,925) |
| Ages 6 through 14 | 207,944 (22.3% of 935,702) |
| Ages 15 through 18 | 74,876 (17.6% of 426,223) |
| Ages 19 and 20 | 22,233 (10.8% of 205,793) |
| G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004 | % Total | % Total | Per Enrollee Payment |
| Through Age 20 | 60.5% | 24.8% | $1,786 |
| Through Age 18 | 57.8% | 23.2% | $1,749 |
| Through Age 18 | 23.4% | 9.8% | $1,830 |
| Through Age 18 | 4.5% | 2.8% | $2,638 |
| Through Age 18 | 18.8% | 7.1% | $1,635 |
| Ages 6 through 18 | 34.4% | 13.4% | $1,694 |
| Ages 6 through 14 | 25.3% | 8.1% | $1,391 |
| Ages 15 through 18 | 9.1% | 5.3% | $2,537 |
| Ages 19 and 20 | 2.7% | 1.6% | $2,563 |
| Age 21 or Older | 39.5% | 74.2% | $8,172 |
| Age 65 or Older | 12.4% | 28.2% | $9,865 |
| H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004 | Number of Enrollees | Per Enrollee Payment |
| Through Age 20 | 473,419 | $1,427 |
| Through Age 18 | 454,194 | $1,421 |

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.6M, was 74.0% of 0.8M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
**II. MEDICAID* SERVICE UTILIZATION**

**A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.4%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0.5%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>0.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>2.1%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>10.7%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>4.3%</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24.8%</strong></td>
<td><strong>74.2%</strong></td>
</tr>
</tbody>
</table>

**B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$320</td>
<td>$532</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$263</td>
<td>$351</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$430</td>
<td>$1,064</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$178</td>
<td>$117</td>
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<td>Outpatient Hospital</td>
<td>$377</td>
<td>$1,084</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,801</td>
<td>$2,584</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$84,065</td>
<td>$114,004</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$123,722</td>
<td>$23,419</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$5,373</td>
<td>$40,523</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,892</td>
<td>$6,017</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$691</td>
<td>$1,001</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>$172</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$540</td>
<td>$2,885</td>
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<tr>
<td>Capitated Payment</td>
<td>$1,259</td>
<td>$4,161</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$26</td>
<td>$27</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,839</td>
<td>$2,492</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$4,205</td>
<td>$5,670</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,057</strong></td>
<td><strong>$9,555</strong></td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. --- Expenditures do not sum to 100% due to un assigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
# Medicaid State Report

**FY 2004** (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

AK, CA, HI, OR & WA make up the Pacific Region

### A. Federal Medical Assistance Percentage (FMAP)**

<table>
<thead>
<tr>
<th>Region</th>
<th>FY04 FMAP, Enhanced</th>
<th>FY07 FMAP, Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Region</td>
<td>50.0%</td>
<td>50.1%</td>
</tr>
<tr>
<td></td>
<td>65.0%</td>
<td>65.1%</td>
</tr>
</tbody>
</table>

### B. FY 2004 Total Medicaid Enrollment and Expenditures***

- **Enrollees:** 1,195,703
- **Expenditures:** $4,930M

### C. Total Medicaid Managed Care^ Enrollment, 06/30/2004

- **Enrollees:** 834,883
- (77.3% of 1,080,738^^)

### D. Percent of Births Paid for by Medicaid, 2002^^^

- **Percent:** 43.4%

### E. FY 2004 and FY 2000-2004 Averaged DSH## Payment

- **(as Proportion of Population)**
  - 47.7
- **(49.6% of 479,063)**
- **(46.5% of 79,036)**
- **(50.2% of 400,027)**
- **(36.3% of 1,153,693)**
- **(37.0% of 791,217)**
- **(34.9% of 362,476)**
- **(31.2% of 177,228)**

### F. Enrollee through Age 20, FY 2004

<table>
<thead>
<tr>
<th>Enrollee through Age 20</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>712,093</td>
<td>(39.3% of 1,809,984)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>656,852</td>
<td>(40.2% of 1,632,756)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>656,852</td>
<td>(40.2% of 1,632,756)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>237,715</td>
<td>(49.6% of 479,063)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>237,715</td>
<td>(49.6% of 479,063)</td>
</tr>
<tr>
<td>Infants</td>
<td>36,713</td>
<td>(46.5% of 79,036)</td>
</tr>
<tr>
<td>Infants</td>
<td>36,713</td>
<td>(46.5% of 79,036)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>201,002</td>
<td>(50.2% of 400,027)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>201,002</td>
<td>(50.2% of 400,027)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>419,137</td>
<td>(36.3% of 1,153,693)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>419,137</td>
<td>(36.3% of 1,153,693)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>292,765</td>
<td>(37.0% of 791,217)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>292,765</td>
<td>(37.0% of 791,217)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>126,372</td>
<td>(34.9% of 362,476)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>126,372</td>
<td>(34.9% of 362,476)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>55,241</td>
<td>(31.2% of 177,228)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>55,241</td>
<td>(31.2% of 177,228)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>59.6%</td>
<td>21.9%</td>
<td>$1,516</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>54.9%</td>
<td>19.9%</td>
<td>$1,491</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>19.9%</td>
<td>8.2%</td>
<td>$1,692</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>3.1%</td>
<td>1.6%</td>
<td>$2,178</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>16.8%</td>
<td>6.5%</td>
<td>$1,603</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>35.1%</td>
<td>11.7%</td>
<td>$1,377</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>24.5%</td>
<td>7.0%</td>
<td>$1,182</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>10.6%</td>
<td>4.7%</td>
<td>$1,182</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>3.1%</td>
<td>1.6%</td>
<td>$2,178</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>10.6%</td>
<td>4.7%</td>
<td>$1,182</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>4.6%</td>
<td>2.0%</td>
<td>$1,813</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>40.4%</td>
<td>62.1%</td>
<td>$6,335</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>7.0%</td>
<td>20.6%</td>
<td>$12,026</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>689,893</td>
<td>$1,215</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>637,893</td>
<td>$1,206</td>
</tr>
</tbody>
</table>

### Notes:

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 1.1M, was 90.4% of 1.2M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.
# II. MEDICAID* SERVICE UTILIZATION

## A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.1%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;0.05%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>&lt;0.05%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>11.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>&lt;0.05%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.7%</td>
<td>8.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>21.9%</td>
</tr>
</tbody>
</table>

## B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$261</td>
<td>$612</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$274</td>
<td>$288</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$778</td>
<td>$562</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$71</td>
<td>$118</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$470</td>
<td>$942</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$11,824</td>
<td>$9,163</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$76,753</td>
<td>$67,423</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$45,604</td>
<td>$24,002</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>NA</td>
<td>$6,291</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$6,182</td>
<td>$6,638</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$405</td>
<td>$688</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$72</td>
<td>$108</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$353</td>
<td>$2,153</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$1,004</td>
<td>$2,384</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$20</td>
<td>$17</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>$1,351</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$690</td>
<td>$2,582</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,665</td>
<td>$7,214</td>
</tr>
</tbody>
</table>

---

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years.

** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. -- Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004* (October 1, 2003 - September 30, 2004)**

<table>
<thead>
<tr>
<th>A. <strong>Federal Medical Assistance Percentage (FMAP)</strong></th>
<th><strong>75.2%, 82.6%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(FY04 FMAP, Enhanced)</strong></td>
<td><strong>72.8%, 81.0%</strong></td>
</tr>
<tr>
<td><strong>(FY07 FMAP, Enhanced)</strong></td>
<td></td>
</tr>
</tbody>
</table>

| B. **FY 2004 Total Medicaid Enrollment and Expenditures*** | **373,373 / $2,020M** |

<table>
<thead>
<tr>
<th>C. <strong>Total Medicaid Managed Care</strong> Enrollment, 06/30/2004</th>
<th><strong>156,468</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>( % of Total Medicaid Enrollment, 06/30/2004)</strong></td>
<td><strong>(52.5% of 298,093</strong>**^^)**</td>
</tr>
</tbody>
</table>

| D. **Percent of Births Paid for by Medicaid, 2002^^^** | **50.0%** |

<table>
<thead>
<tr>
<th>E. <strong>FY 2004 and FY 2000-2004 Averaged DSH## Payment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% of Total Medicaid Enrollment, 06/30/2004</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. <strong>Enrollee through Age 20, FY 2004</strong></th>
<th><strong>Enrollees</strong></th>
<th><strong>(as Proportion of Population)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Age 20</strong></td>
<td><strong>200,481</strong></td>
<td><strong>(42.3% of 474,285)</strong></td>
</tr>
<tr>
<td><strong>Through Age 18</strong></td>
<td><strong>189,731</strong></td>
<td><strong>(44.6% of 425,166)</strong></td>
</tr>
<tr>
<td><strong>Through Age 5</strong></td>
<td><strong>68,346</strong></td>
<td><strong>(54.2% of 126,203)</strong></td>
</tr>
<tr>
<td><strong>Infants</strong></td>
<td><strong>9,151</strong></td>
<td><strong>(4.2% of 20,704)</strong></td>
</tr>
<tr>
<td><strong>Ages 1 through 5</strong></td>
<td><strong>59,195</strong></td>
<td><strong>(56.1% of 105,499)</strong></td>
</tr>
<tr>
<td><strong>Ages 6 through 18</strong></td>
<td><strong>121,385</strong></td>
<td><strong>(40.6% of 298,963)</strong></td>
</tr>
<tr>
<td><strong>Ages 6 through 14</strong></td>
<td><strong>87,888</strong></td>
<td><strong>(42.7% of 205,608)</strong></td>
</tr>
<tr>
<td><strong>Ages 15 through 18</strong></td>
<td><strong>33,497</strong></td>
<td><strong>(35.9% of 93,355)</strong></td>
</tr>
<tr>
<td><strong>Ages 19 and 20</strong></td>
<td><strong>10,750</strong></td>
<td><strong>(21.9% of 49,119)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. <strong>Enrollment, Expenditures</strong>* and Per-enrollee Payment, by Age Group, FY 2004**</th>
<th><strong>% Total</strong> Enrollees</th>
<th><strong>% Total</strong> Expenditures</th>
<th><strong>Per Enrollee Payment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Through Age 20</strong></td>
<td><strong>53.7%</strong></td>
<td><strong>19.0%</strong></td>
<td><strong>$1,917</strong></td>
</tr>
<tr>
<td><strong>Through Age 18</strong></td>
<td><strong>50.8%</strong></td>
<td><strong>17.6%</strong></td>
<td><strong>$1,874</strong></td>
</tr>
<tr>
<td><strong>Through Age 5</strong></td>
<td><strong>18.3%</strong></td>
<td><strong>4.5%</strong></td>
<td><strong>$1,316</strong></td>
</tr>
<tr>
<td><strong>Infants</strong></td>
<td><strong>2.5%</strong></td>
<td><strong>0.6%</strong></td>
<td><strong>$1,239</strong></td>
</tr>
<tr>
<td><strong>Ages 1 through 5</strong></td>
<td><strong>15.9%</strong></td>
<td><strong>3.9%</strong></td>
<td><strong>$1,328</strong></td>
</tr>
<tr>
<td><strong>Ages 6 through 18</strong></td>
<td><strong>32.5%</strong></td>
<td><strong>13.2%</strong></td>
<td><strong>$2,189</strong></td>
</tr>
<tr>
<td><strong>Ages 6 through 14</strong></td>
<td><strong>23.5%</strong></td>
<td><strong>8.2%</strong></td>
<td><strong>$1,893</strong></td>
</tr>
<tr>
<td><strong>Ages 15 through 18</strong></td>
<td><strong>9.0%</strong></td>
<td><strong>4.9%</strong></td>
<td><strong>$2,963</strong></td>
</tr>
<tr>
<td><strong>Ages 19 and 20</strong></td>
<td><strong>2.9%</strong></td>
<td><strong>1.4%</strong></td>
<td><strong>$2,664</strong></td>
</tr>
<tr>
<td><strong>Age 21 or Older</strong></td>
<td><strong>46.3%</strong></td>
<td><strong>64.4%</strong></td>
<td><strong>$7,525</strong></td>
</tr>
<tr>
<td><strong>Age 65 or Older</strong></td>
<td><strong>9.1%</strong></td>
<td><strong>23.1%</strong></td>
<td><strong>$13,760</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. <strong>Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment</strong> FY2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Enrollees</strong></td>
</tr>
<tr>
<td><strong>Through Age 20</strong></td>
</tr>
<tr>
<td><strong>Through Age 18</strong></td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/04, at 0.3M, was 79.8% of 0.4M total annual enrollment state(s) reported to CMS for FY 2004. ^^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. ' Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>0.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>1.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>1.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>1.6%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>2.6%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.1%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>2.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.1%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;0.05%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>19.0%</td>
<td>64.4%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$286</td>
<td>$620</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$381</td>
<td>$238</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$248</td>
<td>$531</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$501</td>
<td>$168</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$325</td>
<td>$829</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,509</td>
<td>$5,978</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$87,400</td>
<td>$98,306</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$9,807</td>
<td>$33,651</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$17,772</td>
<td>$5,114</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$1,700</td>
<td>$2,017</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$539</td>
<td>$591</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$64</td>
<td>$181</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$443</td>
<td>$2,194</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$466</td>
<td>$680</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>$19</td>
<td>$18</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$978</td>
<td>$1,745</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>15.2%</td>
<td>19.6%</td>
</tr>
<tr>
<td><strong>Total</strong>~</td>
<td>$2,075</td>
<td>$8,366</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL: http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. — Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.
# Medicaid State Report

**FY 2004**  (October 1, 2003 - September 30, 2004)

## I. MEDICAID* ENROLLEES AND EXPENDITURES

### WISCONSIN

IL, IN, MI, OH & WI make up the East North Central Region

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>472,173 (29.0% of 1,627,907)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>435,554 (29.4% of 1,479,199)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>435,554 (29.4% of 1,479,199)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>172,663 (39.4% of 438,314)</td>
</tr>
<tr>
<td>Infants</td>
<td>33,861 (48.2% of 70,198)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>136,863 (37.7% of 368,116)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>262,891 (25.3% of 1,040,885)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>184,527 (25.5% of 721,751)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>78,594 (24.6% of 319,134)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>36,619 (24.6% of 148,708)</td>
</tr>
</tbody>
</table>

### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>48.6%</td>
<td>17.4%</td>
<td>$1,586</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>44.8%</td>
<td>15.7%</td>
<td>$1,557</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>17.8%</td>
<td>6.7%</td>
<td>$1,674</td>
</tr>
<tr>
<td>Infants</td>
<td>3.5%</td>
<td>2.1%</td>
<td>$2,675</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>14.3%</td>
<td>4.6%</td>
<td>$1,430</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27.1%</td>
<td>9.0%</td>
<td>$1,480</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>19.0%</td>
<td>5.4%</td>
<td>$1,274</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>8.1%</td>
<td>3.6%</td>
<td>$1,963</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.8%</td>
<td>1.6%</td>
<td>$1,924</td>
</tr>
<tr>
<td>Age 21 or Older</td>
<td>51.4%</td>
<td>82.2%</td>
<td>$7,109</td>
</tr>
<tr>
<td>Age 65 or Older</td>
<td>15.9%</td>
<td>33.9%</td>
<td>$9,483</td>
</tr>
</tbody>
</table>

### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>443,741</td>
<td>$1,125</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>410,350</td>
<td>$1,126</td>
</tr>
</tbody>
</table>

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.  ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.  *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.  ^ Includes Primary Care Case Management.  ^^ Point-in-time enrollment on 06/30/04, at 0.8M, was 81.6% of 1.0M total annual enrollment state(s) reported to CMS for FY 2004.  ^^^ Data for AL is from 2000 and not included in US or regional averages.  ## Disproportionate Share Hospital Payments.  ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.  ' Data unavailable.
### II. MEDICAID* SERVICE UTILIZATION

#### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.1%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;0.05%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>1.5%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>7.0%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>&lt;0.05%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>1.4%</td>
<td>13.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17.4%</td>
<td>82.2%</td>
</tr>
</tbody>
</table>

#### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$261</td>
<td>$310</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$198</td>
<td>$213</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$383</td>
<td>$405</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$769</td>
<td>$122</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$456</td>
<td>$513</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,792</td>
<td>$4,677</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$41,440</td>
<td>$82,912</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$27,879</td>
<td>$24,647</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$13,268</td>
<td>$22,108</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,277</td>
<td>$4,312</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$7,349</td>
<td>$2,870</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$85</td>
<td>$161</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$597</td>
<td>$2,241</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>$950</td>
<td>$3,780</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$1,103</td>
<td>$1,220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,729</td>
<td>$7,883</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
### Medicaid State Report

**FY 2004**  (October 1, 2003 - September 30, 2004)

#### I. MEDICAID* ENROLLEES AND EXPENDITURES

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>52,176</td>
<td>(34.9% of 149,387)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>49,390</td>
<td>(36.2% of 136,600)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>21,628</td>
<td>(54.8% of 39,491)</td>
</tr>
<tr>
<td>Infants</td>
<td>3,666</td>
<td>(58.1% of 6,312)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>17,962</td>
<td>(54.1% of 33,179)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>27,762</td>
<td>(28.6% of 97,109)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>20,317</td>
<td>(30.4% of 66,772)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>7,445</td>
<td>(24.5% of 30,337)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>2,786</td>
<td>(21.8% of 12,787)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004

- **Through Age 20**
  - 67.1% of 58,939
  - 30.5% of 149,387
  - $2,124

- **Through Age 18**
  - 63.5% of 39,491
  - 27.9% of 39,491
  - $2,051

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004

- **Through Age 20**
  - 50,561
  - $1,733

- **Through Age 18**
  - 48,022
  - $1,696

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**Notes:**
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64.
- *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management.
- ^^ Point-in-time enrollment on 06/30/04, at 0.1M, was 75.8% of 0.1M total annual enrollment state(s) reported to CMS for FY 2004.
- ^^^ Data for AL is from 2000 and not included in US or regional averages.
- ## Disproportionate Share Hospital Payments.
- Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
- Data unavailable.
## II. MEDICAID* SERVICE UTILIZATION

### A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>5.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>1.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>7.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>&lt;.05%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>2.6%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.8%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>&lt;.05%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>4.3%</td>
<td>21.1%</td>
</tr>
<tr>
<td><strong>Total~</strong></td>
<td>30.5%</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

### B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$522</td>
<td>$918</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$352</td>
<td>$342</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$562</td>
<td>$830</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$195</td>
<td>$209</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$347</td>
<td>$653</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$4,661</td>
<td>$4,663</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$117,879</td>
<td>$111,362</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$3,621</td>
<td>$24,629</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$33,161</td>
<td>$5,918</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$655</td>
<td>$740</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,981</td>
<td>$3,013</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$108</td>
<td>$281</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$429</td>
<td>$2,222</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>$1,104</td>
<td>$3,451</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td>$819</td>
<td>$12,436</td>
</tr>
<tr>
<td><strong>Total~</strong></td>
<td>$2,527</td>
<td>$11,844</td>
</tr>
</tbody>
</table>

* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p158 (URL:http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
**SOURCES:**


**ID.** Medicaid Births as a Percentage of Total Births, 2001 and 2002. MCH Update 2005: States Make Modest Expansions to Health Care Coverage. National Governors Association, Table 1 (Draft 6/9/06). Available at URL: [http://www.nga.org/Files/pdf/0609MCHUPDATE.PDF](http://www.nga.org/Files/pdf/0609MCHUPDATE.PDF) [Accessed 03/01/2007]


